

## *Complex Needs*

PRACTICAL SOLUTIONS

# The Los Angeles Mental Health and Developmental Disabilities Education Program

## RESOURCE DIRECTORY

**Presented By:**



**WESTSIDE**  
REGIONAL CENTER



Conference sponsored by MHSA grant from the State Department of Developmental Services

**Partners:**



Solutions Building  
Community Collaborative



Westside Family Resource  
and Empowerment Center  
LA County Inclusion Partnership



# Introduction

The **Los Angeles Mental Health and Developmental Disabilities Education (LA MHaDDE) Program** was created and implemented by Westside Regional Center and its partners through a grant provided by the Mental Health and Services Act (MHSA) and the California State Department of Developmental Services. This program provides cohort-based trainings to various healthcare providers including allied health professionals, clinicians, administrators and direct support staff who provide coordination of care and follow up services, evaluation, and referrals for children and adults who are dually diagnosed with mental health and developmental disabilities and reside in North and West Los Angeles Counties.

This resource directory was developed for participants of the LA MHaDDE Program. The aim of this resource directory is to provide mental health and developmental disabilities resource listings of available local community resources in West and North Los Angeles Counties.

**Being listed as a resource does not represent any endorsement or certification of services, guarantee of safety, or promise of effectiveness of services by Westside Regional Center and North Los Angeles County Regional Center, the State or Local government, nor is any exclusion of a resource listing intentional.**

WRC is committed to providing the highest standards and quality of information and effort has been made to present accurate and updated information for each resource. All names, contact information, description of services, and other resource information are subject to change.

Westside Regional Center would like to thank all of those who generously contributed their time and expertise to the development of this resource directory.

Thank you,

*Westside Regional Center*





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# **West Los Angeles**



# Westside Regional Center Information

## Westside Regional Center

5901 Green Valley Circle, Ste. 320

Culver City, CA 90230-6953

(310) 258-4000

<http://www.westsiderc.org>

*Westside Regional Center (WRC) serves individuals with developmental disabilities (e.g. autism, intellectual disability, cerebral palsy, epilepsy) living in the Health Districts of Inglewood and Santa Monica. These districts cover a service area from Malibu (Ventura County Line) to Gardena, the ocean to Vermont Avenue. WRC provides a number of case management services to individuals with developmental disabilities throughout their lifespan in coordination with their Individual Program Plan (IPP). Services may include: Advocacy, Adult Day Support Programs, Early Start services, Independent and Supportive Living, Residential Care, and Employment assistance.*

### **Cristina Azantian, OTR**

Occupational Therapist

(310) 258-4088

Email: [crisotr@westsiderc.org](mailto:crisotr@westsiderc.org)

### **Claudia Osorio**

Intake Coordinator (0-3 years old)

(310) 258-4096

Email: [claudiao@westsiderc.org](mailto:claudiao@westsiderc.org)

### **Alicia Bazzano, MD, MPH**

Chief Physician, Consulting

(310) 258-4213

Email: [aliciab@westsiderc.org](mailto:aliciab@westsiderc.org)

### **Debra Ray**

Director of Client Services

(310) 258-4010

Email: [deb@westsiderc.org](mailto:deb@westsiderc.org)

### **Bill Feeman, R.N., C.D.D.N.**

Assistant Director of Client Services

(310) 258-4132

Email: [billf@westsiderc.org](mailto:billf@westsiderc.org)

### **Gail Smith, RPT**

Physical Therapist

(310) 258-4066

Email: [gails@westsiderc.org](mailto:gails@westsiderc.org)

### **Thompson Kelly, PhD**

Chief Psychologist; Coordinator, Intake Services; WRC and DMH Liaison

(310) 258-4162

Email: [tomk@westsiderc.org](mailto:tomk@westsiderc.org)

### **Alejandro Vargas**

Court and Forensic Specialist (for all ages)  
*Judicial involvement*

(310) 258-4188

Email: [alejandrov@westsiderc.org](mailto:alejandrov@westsiderc.org)

### **Dymika Lane, MSW**

Neuropsychiatric Clinic Coordinator

(310) 258-4149

Email: [dymikal@westsiderc.org](mailto:dymikal@westsiderc.org)

### **Monica Villanueva**

Intake Coordinator (over 3 years old)

(310) 258-4121

Email: [monicav@westsiderc.org](mailto:monicav@westsiderc.org)

### **Danise Lehrer, L.Ac, LCSW**

Director of Clinical Services

(310) 258-4171

Email: [danisel@westsiderc.org](mailto:danisel@westsiderc.org)

### **Mary Lou Weise-Stusser, MA**

Director of Community Services

(310) 258-4042

Email: [marylou@westsiderc.org](mailto:marylou@westsiderc.org)

### **Soryl Markowitz, LCSW**

Autism Specialist/Behavior QA

(310) 258-4127

Email: [smarkowitz@westsiderc.org](mailto:smarkowitz@westsiderc.org)

### **Marti Wing**

Court and Forensic Coordinator (for all ages)

(310) 258-4199

Email: [martiw@westsiderc.org](mailto:martiw@westsiderc.org)

### **Ari Zeldin, MD**

Child Neurologist

(310) 258-4203

Email: [ariz@westsiderc.org](mailto:ariz@westsiderc.org)

**Westside Family Resource and Empowerment Center**

5901 Green Valley Circle, Ste. 320

Culver City, CA 90230-4099

(310) 258-4063

(310) 338-9664 (fax)

Email: [frc@westsiderc.org](mailto:frc@westsiderc.org)

<http://www.wfrec.org>

**Programs and Services:** *Provides emotional and informational support to families who have a child or young adult with a disability, chronic illness or other special health care needs. This center also provides information and support for professionals and teachers working with people who have disabilities. Support groups and specific disability groups offer parents whose children have similar challenges the opportunity to meet and share information and mutual support.*

**Westside Regional Center Clients' Rights Advocacy**

**Katie Meyer, Clients' Rights Advocate (CRA) Westside Regional Center**

Mailing Address: *(DO NOT INCLUDE "WESTSIDE REGIONAL CENTER" ON MAILING ADDRESS, OR MAIL WILL NOT BE SENT TO OCRA)*

**Office of Clients' Rights Advocacy**

5901 Green Valley Circle, Ste. 410

Culver City, CA 90230

(310) 258-4205 (ACRA)

(310) 258-4206 (CRA)

(310) 338-9716 (fax)

E-mail: [Katie.Meyer@disabilityrightsca.org](mailto:Katie.Meyer@disabilityrightsca.org)



## **Health Care Facilities, Agencies and Centers**



# Local Hospitals with Mental/Behavioral Health Services

## **Brotman Medical Center Behavioral Health Unit**

3828 Delmas Terrace  
Culver City, CA 90231  
(310) 836-7000, x6600  
(800) 565-0558 (Intake/referral line)  
[http://www.brotmanmedicalcenter.com/Services\\_BehaviorHealth.aspx](http://www.brotmanmedicalcenter.com/Services_BehaviorHealth.aspx)

**Services:** *Interdisciplinary team provides customized mental health treatment and care services. Adults ages 18+ and seniors only*

## **Cedars-Sinai Medical Center-Psychiatry and Behavioral Neurosciences Department**

8730 Alden Drive  
Los Angeles, CA 90048  
(310) 423-3411 (intake)  
(310) 423-0428 (fax)  
<http://www.cedars-sinai.edu/Patients/Programs-and-Services/Psychiatry-and-Behavioral-Neurosciences/>

**Services:** *Provides inpatient and outpatient mental health services for children, adolescents, adults and seniors.*

## **College Hospital, DDMI Wing**

10802 College Place  
Cerritos, CA 90703  
(562) 924-9581  
<http://www.collegehospitals.com/cerDDMIWing>

*Referrals available through The Regional Center and Department of Children and Family Services.*

Program Manager: Maricel Fortescue  
(562) 335-1138

**Services:** *Serves patients with development disabilities and mental health. Multidisciplinary team who specializes in high risk behaviors; education services; communication for non-verbal clients; Applied Behavior Analysis; Dialectical Behavior Analysis; Emergency/Crisis Evaluation; Court Competency Training/Forensic Psychologist; 5150 and 5585 assessments*

## **Miller Children's Hospital Long Beach Stramski Children's Developmental Center, Behavioral & Neurodevelopment Program Behavioral Neurodevelopment Clinic**

Elm Avenue Medical Plaza  
2650 Elm Avenue, Ste. 301  
Long Beach, CA 90806  
(562) 933-5437  
(562) 728-5034 (appointments)  
<http://www.millerchildrenshospitallb.org/stramski>

**Services:** *Provides specialized pediatric evaluation, treatment care coordination, and follow up care for children with developmental and intellectual disabilities.*

## **UCLA-Resnick Neuropsychiatric Hospital at UCLA**

757 Westwood Plaza  
Los Angeles, CA 90024-1759  
(310) 825-0511 General Information  
(310) 825-9989 Inpatient  
(310) 825-8000 Hospital Information  
(310) 825-8400 Emergency Dept.  
(800) 825-9989 (toll-free)  
<http://www.uclahealth.org/resnick>

**Services:** *Mental health provider for inpatient and outpatient services for those with Medi-Cal or uninsured; 24 hr Psychiatric ER*

## **USC Psychology Services Center**

USC Human Relations Center Building  
1002 Childs Way  
Los Angeles, CA 90089-1591  
(213) 740-1600  
<http://psychology.usc.edu/services>  
**Services:** *Psychological assessments, couples, families, group therapy*  
**Languages:** English and Spanish

## **The USC University Center for Excellence in Developmental Disabilities (USC UCEDD) at Children's Hospital Los Angeles**

3250 Wilshire Blvd, Ste. 500  
Los Angeles, CA 90010  
(323) 361-2300  
(213) 480-4192 (TTY)  
(323) 361-8305 (fax)  
<http://www.uscucedd.org>

**Services:** *Provides individual and group therapy to children with severe emotional and behavioral issues, as well as at-risk children and families (ages 0-21)*

## Medical and Health Facilities with Secured Units

### **Brotman Medical Center Behavioral Health Unit**

3828 Delmas Terrace  
Culver City, CA 90231  
(310) 836-7000 x6600  
(800) 565-0558 (Intake/referral line)  
*Adults and Seniors Only*

### **Cedar Sinai Medical Center Department of Psychiatry**

**Thalians Mental Health Center**  
8730 Alden Drive, Plaza Level  
Los Angeles, CA 90048  
(310) 423- 3411 (intake)  
*Children 0-18, Adults*

### **College Hospital, DDMI Wing**

10802 College Place  
Cerritos, CA 90703  
(562) 924-9581  
*Referrals available through The Regional  
Center and Department of Children and  
Family Services.*

### **Harbor UCLA Medical Center**

Psychiatric Emergency Room  
1000 W. Carson Street  
Torrance, CA 90509  
(310) 222-2345 (general information)  
(310) 222-3110  
(310) 222-3144  
*Infants, Children (0-18); Adults*

### **La Casa Psychiatric Health Facility**

6060 Paramount Blvd.  
Long Beach, CA 90805  
(562) 634-9534  
*Adults Only*

### **Pacific Hospital of Long Beach**

2776 Pacific Avenue  
Long Beach, CA 90806  
(800) 633-7888  
(562) 494-5096 (fax)  
*Adults only*

### **Star View Adolescent Center**

4025 W. 226<sup>th</sup> Street  
Torrance, CA 90505  
(310) 373-4556 x125 (intake)  
*Children 13-18*

### **UCLA- Neuropsychiatric Institute**

150 UCLA Medical Plaza  
Los Angeles, CA 90024  
(310) 794-1022 Admission Desk  
(310) 825-0511 General Information  
(310) 825-9989 (adult psych inpatient)  
(310) 267-8008 (financial counselor to verify  
information)  
*Pediatrics, Children, Adults*

## Urgent Care Centers

### **Exodus Recovery Center**

Westside Urgent Care  
3828 Delmas Terrace  
Culver City, CA 90232  
(310) 253-9494  
<http://www.exodusrecoveryinc.com>  
**Services:** *Mental health urgent care  
center; medication evaluation and  
management; serves adults only  
Open 24 hours per day, 365 days per year*

# Mental/Behavioral Health Centers – Outpatient

## PROVIDERS ACCEPTING PUBLIC INSURANCE

### **Julia Ann Singer Center**

3200 Motor Avenue  
Los Angeles, CA 90034  
(310) 836-1223

<http://www.vistadelmar.org/centers.php?recordID=4>

**Services:** *Outpatient service of Vista Del Mar serving youngsters with special needs including learning disabilities, emotional problems, behavior problems, developmental delays, as well as abused children and their families.*

### **Ocean Park Community Center (OPCC) - Daybreak Program**

1453 16th Street  
Santa Monica, CA 90404-2715  
(310) 450-0650  
(310) 264-6647 (fax)

<http://www.opcc.net>

**Services:** *housing for adults only*

**Languages:** English, Spanish, Farsi

### **Open Paths Counseling Center**

12655 W. Washington Blvd., Ste. 101  
Culver City, CA 90066

Administration offices:

(310) 967-6072 (administration)  
(310) 398-7877 (intake/counseling)  
(310) 397-6346 (fax)

<http://openpaths.org>

**Services:** *Counseling and mental health resources; individual, group, family therapy; support groups; crisis intervention; parenting and domestic violence training*

**Languages:** English and Spanish

### **Reiss –Davis Child Study Center**

3200 Motor Avenue  
Los Angeles, CA 90034  
(310) 836-1223

<http://www.vistadelmar.org/centers.php?recordID=1>

**Services:** *Therapy for children (2-18); programs that help children, adolescents and families who are experiencing mild to severe emotional problems, behavior problems and/or learning disabilities.*

**Languages:** English, Farsi, Hebrew, Italian

**Payment:** Sliding Fee Scale, Medi-Cal is accepted

### **Venice Family Clinic**

#### **Simms/Mann Health and Wellness Center**

2509 Pico Blvd.  
Santa Monica, CA 90405  
(310) 392-8636 (appointment line)  
(310) 392-8630 (administration)  
(310) 392-7875 (fax)

Email: [VFCinfo@mednet.ucla.edu](mailto:VFCinfo@mednet.ucla.edu)

<http://www.venicefamilyclinic.org/index.php?view=introducing>

**Services:** *The Clinic provides comprehensive primary health care, specialty care, dental care, mental health services, health education and child development services*

## **PROVIDERS ACCEPTING PRIVATE INSURANCE**

### **Antioch University Counseling Center**

13274 Fiji Way

Marina Del Rey, CA 90292

(310) 574-2813 x366

**Languages:** English, Spanish, Farsi, and Hebrew

**Payment:** Sliding fee scale (\$10-\$75), ability to pay, some private insurance

### **Antioch University International Counseling Center**

2001 South Barrington Avenue, Ste. 110

West Los Angeles, CA 90025

(310) 477-7702

### **Richstone Family Center**

13620 Cordary Avenue

Hawthorne, CA 90250

(310) 970-1921

(310) 970-1330 (fax)

<http://www.richstonefamily.org>

**Services:** *Counseling for parents of children with special needs*

**Languages:** English and Spanish

**Payment:** Sliding Fee Scale

### **South Bay Center for Counseling and Community Development**

360 N. Sepulveda Blvd., Ste. 2075

El Segundo, CA 90245

(310) 414-2090

(310) 414-2096 (fax)

**Services:** *Counseling; mental health resources; referral and social services; family support; emergency services; play therapy*

**Languages:** English and Spanish

**Payment:** Sliding Fee Scale



# DMH Directly-Operated Clinics and Contracted Agencies

## Service Area 5: West Los Angeles

### **Edmund D. Edelman**

#### **Westside MHC – Adult Program**

11080 W. Olympic Blvd., 4th Floor  
Los Angeles, CA 90064

(310) 966-6500

(310) 231-0764 (fax)

**Services:** *Mental health services for adults;  
Walk-in clinic; depends on level of diagnosis*

**Payment:** Accepts Medi-cal and Medicare

### **Edmund D. Edelman**

#### **Westside MHC – Children's Program**

11080 W. Olympic Blvd., 1<sup>st</sup> Floor

Los Angeles, CA 90064

(310) 966-6610 (intake)

**Services:** *Mental health services for  
Children/Youth*

## Service Area 5 Contract Agencies

### **Alcott Center for MHS**

1433 S. Robertson Blvd.

Los Angeles, CA 90035

(310) 785-2121

(310) 553-6052 (fax)

Email: [info@alcottcenter.org](mailto:info@alcottcenter.org)

<http://www.alcottcenter.org>

**Services:** *For adults 18 years and over  
only. Mental health services for adults  
including: independent living program,  
medication support, therapy and  
rehabilitation services, case management,  
crisis intervention, mental health and  
substance abuse treatment, family  
education and support*

**Languages:** English, Spanish, French

### **Daniel's Place, Step Up On Second Street, Inc.**

1619 Santa Monica Blvd.

Santa Monica, CA 90404-1807

(310) 453-1083

**Services:** *Mental health services for  
Transition Age Youth (18-25)*

### **Didi Hirsch Community Mental Health Center (CMHC) – Administration**

4760 South Sepulveda Blvd.

Culver City, CA 90230

(310) 390-6612

Email: [info@didihirsch.org](mailto:info@didihirsch.org)

<http://www.didihirsch.org>

**Services:** *Mental health and substance  
abuse treatment services for children,  
families, and adults. Offers counseling,  
community outreach programs; crisis line,  
outpatient treatment, substance abuse*

**Payment:** Sliding Scale; Medi-Cal

### **Didi Hirsch CMHC - Culver-Palms**

11133 Washington Blvd.

Culver City, CA 90232

(310) 895-2300

(310) 895-2395 (fax)

### **Didi Hirsch CMHC – Mar Vista**

12420 Venice Blvd. Ste. 200

Los Angeles, CA 90066

(310) 751-1200

(310) 398-0312 (fax)

**Services:** *Mental health services for  
children, youth, and adolescents*

### **Exceptional Children's Foundation**

8740 Washington Boulevard.

Culver City, CA 90232

(310) 204-3300

(310) 845-8001 (fax)

<https://www.ecf.net>

**Services:** *Early Start; Adult Day  
Program; Developmental Activity Center;  
Vocational Programs; Residential  
Services; Art Centers*

### **Exceptional Children's Foundation Kayne Eras Center**

5350 Machado Road

Culver City, CA 90230

(310) 737-9393

<http://www.kayneeras.org>

**Services:** *School for children with autism,  
learning disabilities, emotional disturbances,  
and other special needs; provides  
counseling services and group therapy*

**Exodus Recovery Center, Inc.  
Los Angeles Outpatient Program**

9808 Venice Blvd.  
Culver City, 90232  
(310) 280-2006

<http://www.exodusrecoveryinc.com>

**Services:** DMH referrals. Full Service Partnership Program (FSP) Individual and group counseling; peer support for adults ages 26-59

**Exodus Recovery, Inc.**

3828 Hughes Avenue  
Culver City, CA 90232  
(310) 253-9494

**Services:** Mental health services for adults

**Family Service of Santa Monica-Vista Del Mar**

1533 Euclid Street  
Santa Monica, CA 90404  
(310) 451-9747

**Services:** Counseling; anxiety; bereavement; case management

**Languages:** English, Spanish, Farsi

**The Help Group – West**

12099 W. Washington Blvd.  
Los Angeles, CA 90066  
(310) 751-1171

**Services:** Mental health services for children and youth.

**Pacific Asian Counseling Services**

8616 La Tijera Blvd. Ste. 200  
Los Angeles, CA 90045  
(310) 337-1550  
(310) 337-2805 (fax)

Email: [info@pacsla.org](mailto:info@pacsla.org)

<http://www.pacsla.org>

**Services:** Counseling/Mental Health services for Adults/Youth and Children;

**Languages:** English, Thai, Mandarin, Cantonese, Korean, Tagalog, Chinese, Vietnamese, Japanese, and Cambodian

**Saint John's Child & Family Development Center and Deaf & Hard of Hearing Program**

1339 20<sup>th</sup> Street  
Santa Monica, CA 90404  
(310) 829-8921  
(310) 829-8455 (fax)

<http://www.stjohns.org/body.cfm?id=39>

**Services:** Child/Family outpatient mental health services; mental health services for deaf and hard-of-hearing; Programs for Birth to 5; Community outreach; parent education

**Languages:** Multilingual staff

**Saint John's Mental Health Programs for the Developmentally Disabled**

2121 Santa Monica Blvd.  
Santa Monica, CA 90404  
(310) 829-5511 (general)  
(310) 829-8921 (Business Office)  
(310) 829-8588 (Coordinator)  
(310) 829-8455 (Fax)

<http://www.stjohns.org/body.cfm?id=186>

**Services:** Group psychotherapy; Socialization/rehabilitation; groups/Individual psychotherapy; Psychiatric consults; Medication follow-up; Family therapy for adults, children, adolescents, youth

**Payment:** Medi-Cal, Medicare, private payment

**Step Up On Second Street, Inc.**

1382 Second Street  
Santa Monica, CA 90401  
(310) 394-6889  
(310) 394-6883 (fax)

<http://www.stepuponsecond.org>

**Services:** Mental health services for adults; Counseling, support and recovery services; case management; vocational trainings; relapse prevention

**Languages:** English, Spanish

**Vista del Mar Child and Family Services**

3200 Motor Ave.  
Los Angeles, CA 90034  
(310) 836-1223  
Email: [geninfo@vistadelmar.org](mailto:geninfo@vistadelmar.org)  
<http://www.vistadelmar.org>

**Services:** Mental health services for children and youth

## **Service Area 8: Long Beach/South Bay**

### **Coastal Asian-Pacific Islander Mental Health Center**

14112 S. Kingsley Drive  
Gardena, CA 90249  
(310) 217-7312

(310) 352-3111 (fax)

**Services:** *Mental health services for Adults/Youth and Children Counseling and Mental Health Resources; Outpatient services*

**Languages:** English, Tagalog, Korean, Taiwanese, Vietnamese, Japanese, Mandarin, Cantonese, Arabic

### **Harbor/UCLA – Adult Outpatient**

1000 W. Carson Street Bldg., D-5  
Torrance, CA 90509  
(310) 222-7942

**Services:** *Mental health services for Adults*

### **Harbor/UCLA – Child Outpatient**

1000 W. Carson Street  
Torrance, CA 90509  
(310) 222-2345

**Services:** *Mental Health Services for Children and Youth*

### **Long Beach MHC – Adult**

1975 Long Beach Blvd.  
Long Beach, CA 90806  
(562) 599-9280

**Services:** *Mental Health Services for ages 18 +*

### **Long Beach Asian Pacific**

4510 East Pacific Coast Highway, Ste. 600

Long Beach, CA 90804  
(562) 346-1100

**Services:** *Mental health services for Adults/Youth and Children*

### **Long Beach Child & Adolescent Program**

240 E. 20<sup>th</sup> Street  
Long Beach, CA 90806  
(562) 599-9274

**Services:** *Mental health services for Youth and Children 18 years and younger*

## **Service Area 8 Contract Agencies**

### **Alma Family Services – Long Beach Behavioral Health Programs**

121 Linden Avenue, Ste. B1201  
Long Beach, CA 90802  
(562) 801-4626

(562) 624-1644 (fax)

(323) 881-3799 (intake)

<http://almafamilyservices.org/childrenservices.asp>

**Services:** *Mental health, medication therapy, specialty services for dual diagnosed DD/CMI*

**Languages:** English, Spanish, Hebrew

**Payment:** Accepts Medi-Cal only

### **Children's Institute International**

21810 Normandie Avenue, Ste. 350  
Torrance, CA 90502  
(310) 783-4677

<http://www.childrensinstitute.org>

**Languages:** English, Spanish, Korean

**Services:** *Provides clinical services; early childhood services; family support for ages 0-18 living in SPA 8*

**Payment:** Medi-cal and Healthy Families

### **Counseling 4 Kids – Torrance**

19701 Hamilton Avenue, Ste. 160  
Torrance, CA 90502  
(310) 817-2177

(310) 817-2178 (fax)

Email: [inquiries@counseling4kids.org](mailto:inquiries@counseling4kids.org)

<http://www.counseling4kids.org>

**Services:** *Child therapy; family therapy; psychological evaluation; psychiatric medication support; permanency planning & case management. For mild levels of dual diagnosis*

**Payment:** Accepts Medi-Cal Only

### **Didi Hirsch Community Mental Health Center -**

#### **Inglewood Center**

111 North La Brea Avenue, 5th and 7th Floors  
Inglewood, CA 90301

(310) 677-7808

(310) 677-7205 (fax)

**Exodus Recovery, Inc.**

923 S. Catalina Avenue  
Redondo Beach, CA 90277  
(310) 792-5454

**Harbor UCLA Medical Center  
Child and Family Center**

(310) 222-3110

**Adult Ambulatory Services**

(310) 222-3151

**JFSLA BHS**

15519 Crenshaw Blvd.  
Gardena, CA 90249  
(323) 754-2816

**Services:** *Provides walk-in diagnostic and treatment services for children, adolescents and/or adults who have acute or chronic psychiatric disorders but do not need inpatient services.*

**Pacific Asian Counseling Services**

3530 Atlantic Avenue, Suite 210  
Long Beach, CA 90807  
(562) 424-1886

Email: [info@pacsla.org](mailto:info@pacsla.org)

<http://www.pacsla.org>

**Services:** *Counseling/Mental Health services for Adults/Youth and Children*

**Languages:** English, Thai, Mandarin, Cantonese, Korean, Tagalog, Chinese, Vietnamese, Japanese, Cambodian

**South Bay Guidance Clinic**

1617 Cravens Avenue  
Torrance, CA 90501

(310) 328-0855

(310) 328-4636 (fax)

[http://www.sbchc.com/sub/locations/child\\_guidance.html](http://www.sbchc.com/sub/locations/child_guidance.html)

**Services:** *\*Please call for appropriateness of services; Outpatient mental health counseling; cognitive talk therapy; evidence-based practice. psychotherapy to troubled children and adolescents 3 to 21 years; referrals*

# LA County DMH Administration

## Service Area 5 DMH Administration

11303 W. Washington Blvd., Ste. 200  
Los Angeles, CA 90066  
(310) 482-6600

**Karen J. Williams, Ph.D.**

District Chief  
(310) 482-6601

**Kathy Chantraprabhavej, MSW**

Child & TAY Navigator  
(310) 482-6610

**Carolyn L. Kaneko, LCSW**

Supervisor of the Navigation\* Team  
(310) 482-6612

**J.E. "Sandy" Mills, M.Div, MA, CAADC, MAC**

Adult & Older Adult Navigator  
(310) 482-6617

## Service Area 8 DMH Administration

100 Oceangate, Ste. 550  
Long Beach, CA 90802  
(562) 435-3037

**Lisa Wicker, LCSW**

District Chief  
(562) 435-2337

**Alka Bhatt, MSW**

TAY Navigator  
(562) 435-3037

**Ann Lee, Ph.D.**

Supervisor of the Navigation Team  
(562) 435-3027

**Lisa Powell, MSW**

Adult Navigator  
(562) 435-2287

**Christy Hong, MSW**

Child Navigator  
(562) 435-2257

**Meggan Gibson, MSW**

Adult Navigator  
(562) 435-2078

## **DMH ACCESS Center: (800) 854-7771**

*A 24/7 helpline that provides mental health information, service referrals and crisis intervention*

**\*Navigators help individuals identify and connect to mental health services. They problem-solve and link people to programs and agencies.**

## LA County DMH and Regional Center Liaisons

**Los Angeles County- Department of  
Mental Health, Service Area District Chiefs**

**Irma Castaneda, PhD, LCSW**

**Countywide Regional Center Liaison**

Emergency Outreach Bureau  
550 S. Vermont Ave., 10th Floor  
Los Angeles, CA 90020  
(213) 738-3433  
Email: [ICastaneda@dmh.lacounty.gov](mailto:ICastaneda@dmh.lacounty.gov)

**Westside Regional Center Liaison**

**Tom Kelly, PhD**

5901 Green Valley Circle, Suite 320  
Culver City, CA 90230-6953  
(310) 258-4010  
Email: [tomk@westsiderc.org](mailto:tomk@westsiderc.org)

**Areas Served:** *Western Los Angeles County  
including the communities of Culver City,  
Inglewood, Gardena and Santa Monica*





## **Family Support Resources**

# Family Support Resources

## Early Start Family Resource Centers Network of California

*Family resource centers offer support families of people with developmental disabilities and special needs locate and use needed services.*

<http://www.frcnca.org>

## West Los Angeles Locations

### **Westside Family Resource and Empowerment Center**

5901 Green Valley Circle, Ste. 320  
Culver City, CA 90230-4099  
(310) 258-4063  
(310) 338-9664 (fax)  
Email: [frc@westsiderc.org](mailto:frc@westsiderc.org)  
<http://www.wfrec.org>

### **Carolyn Kordich FRC**

1135 West 257th Street  
Harbor City, CA 90710-3506  
(310) 325-7288  
Email: [ckfrc@sbcglobal.net](mailto:ckfrc@sbcglobal.net)

### **Harbor Resource Center**

21231 Hawthorne Blvd.  
Torrance, CA 90503  
(310) 543-0691  
(310) 540-8471 (fax)  
Email: [frc-library@harborRC.org](mailto:frc-library@harborRC.org)  
<http://www.harborRC.org>

### **Long Beach Resource Center FRC**

Miller Children's Hospital  
2801 Atlantic Ave.  
Long Beach CA 90801  
(562) 933-8048  
(562) 933-8430 (fax)  
Email: [cenriquez@memorialcare.org](mailto:cenriquez@memorialcare.org)

## **Special Education Resources**



# Los Angeles Unified School District Special Education Support Units

*Special Education Support Units serve the Local Districts, parents and school staffs under the supervision of the Division of Special Education.*

## **Support Unit South**

**Emily Kuwahara**, Administrator  
**Don Macintosh**, Administrator  
1208 Magnolia Avenue  
Gardena, CA 90247  
(310) 354-3431

### **Local District 6**

**Martin Galindo**, Superintendent  
5800 South Eastern Avenue  
Commerce, CA 90040  
(323) 278-3900

### **Local District 8**

**Linda Del Cueto**, Superintendent  
1208 Magnolia Avenue  
Gardena, CA 90247  
(310) 354-3400

## **Support Unit Central-West**

**Diane Kloosterman**, Administrator  
**Bette Medina**, Administrator  
3741 South La Brea Avenue  
Los Angeles, CA 90016  
(323) 421-2950

### **Local District 3**

**Michelle King**, Superintendent  
3000 South Robertson Boulevard  
Los Angeles, CA 90034  
(310) 253-7100

### **Local District 7**

**Dr. George McKenna**  
Interim Superintendent  
10616 South Western Avenue  
Los Angeles, CA 90047  
(323) 242-1300

## **Special Education Local Plan Areas (SELPA)**

*Each school district is an entity of a Special Education Local Planning Area (SELPA), responsible for providing special education programs for children with disabilities and other special needs.*

### **Southwest SELPA**

1401 Inglewood Avenue  
Redondo Beach, CA 90278  
(310) 798-2731/ (310) 798-2978 (fax)

**Serves:** El Segundo, Hawthorne, Hermosa Beach, Inglewood, Lawndale, Lennox, Manhattan Beach, Palos Verdes, Redondo Beach, Rolling Hills, and Torrance

### **SOUTHWEST SELPA STAFF**

**Bob Farran**  
SELPA Director  
(310) 798-2731  
Email: [Farran\\_Bob@laoe.edu](mailto:Farran_Bob@laoe.edu)

**Dr. Mary Ann Clark**  
Family Resource Center (FRC) & Early Start  
Coordinator  
(310) 798-2965  
Email: [SW\\_FRC@laoe.edu](mailto:SW_FRC@laoe.edu)

**Dr. Martha Berry**  
Assistant Director  
(310) 546-1834, x225  
Email: [Berry\\_Martha@laoe.edu](mailto:Berry_Martha@laoe.edu)

**Christy Cole**  
Parent Support Counselor  
(310) 798-2731  
**Mary P. Ring**  
Director of Eligibility and Assessment  
(310) 798-2731  
Email: [Ring\\_Mary@laoe.edu](mailto:Ring_Mary@laoe.edu)

**Sue Nelson**

Special Education Information Systems  
 (562) 708-7804  
 Email: [Dr.Sue1@verizon.net](mailto:Dr.Sue1@verizon.net)

**Sydney Quon**

Coordinator of Charter Schools  
 (626) 255-6374  
 Email: [Quon\\_Sydney@laoe.edu](mailto:Quon_Sydney@laoe.edu)

**Marc Purchin**

Director of Alternative Dispute Resolution  
 Services  
 (310) 546-1834, x229  
 (310) 202-1155 (Home Office)  
 Email: [Sw\\_adr@laoe.edu](mailto:Sw_adr@laoe.edu)  
 Email: [mpurchin@purchinconsulting.com](mailto:mpurchin@purchinconsulting.com)

**Christine Suh**

Transition Program Administrator  
 (213) 392-5319  
 Email: [CSuh@animo.org](mailto:CSuh@animo.org)

**SOUTHWEST SELPA MEMBER DISTRICTS****Centinela Valley Union High School**

14901 Inglewood Avenue  
 Lawndale, CA 90260

**Jose Fernandez**

Superintendent  
 (310) 263-3201  
 Email: [fernandezj@centinela.k12.ca.us](mailto:fernandezj@centinela.k12.ca.us)

**George Zuk**

Director, Special Education  
 (310) 263-3180

**El Segundo Unified School District**

641 Sheldon Street  
 El Segundo, CA 90245

**Dr. Geoff Yantz**

Superintendent  
 (310) 615-2650, x225  
 Email: [gyantz@esUSD.K12.ca.us](mailto:gyantz@esUSD.K12.ca.us)

**Cheryl Lundgren**

Chief Financial Officer  
 (310) 615-2650, x223

**Janice Hickey**

Assistant Superintendent of Educational  
 Services  
 (310) 615-2650, x250  
 Email: [jhickey@esUSD.K12.ca.us](mailto:jhickey@esUSD.K12.ca.us)

**Dale Lofgren**

Executive Director of Pupil Services  
 (310) 615-2650, x271 or x227  
 Email: [dlofgren@esUSD.K12.ca.us](mailto:dlofgren@esUSD.K12.ca.us)

**Hawthorne School District**

14120 S. Hawthorne Blvd.  
 Hawthorne, CA 90250

**Dr. Helen Morgan**

Superintendent  
 (310) 676-2276  
 Email: [hmorgan@hawthorne.k12.ca.us](mailto:hmorgan@hawthorne.k12.ca.us)

**Steve Tabor**

Director, Pupil Personnel Services  
 (310) 676-2276  
 Email: [stabor@hawthorne.k12.ca.us](mailto:stabor@hawthorne.k12.ca.us)

**Vickie Warner**

Director, Special Education  
 (310) 676-2276, x201  
 Email: [vwarner@hawthorne.k12.ca.us](mailto:vwarner@hawthorne.k12.ca.us)



**Hermosa Beach City School District**

1645 Valley Drive  
Hermosa Beach, CA 90254  
(310) 937-5877  
<http://www.hbcasd.org>

**Bruce Newlin**

Superintendent  
(310) 937-5877, x238  
Email: [bnewlin@hbcasd.org](mailto:bnewlin@hbcasd.org)

**Jen Camacho**

Coordinator of Special Education  
(310) 937-5888, x239  
Email: [jcamacho@hbcasd.org](mailto:jcamacho@hbcasd.org)

**Inglewood Unified School District**

401 South Inglewood Avenue  
Inglewood, CA 90301

**Gary McHenry**

Interim Superintendent  
(310) 419-2705

**Mina Hutchins**

Director, Special Education  
(310) 419-2727  
Email: [mhutchins@inglewood.k12.ca.us](mailto:mhutchins@inglewood.k12.ca.us)

**Dr. Alan Young**

Assistant Supt. of Instruction  
(310) 291-7869  
Email: [ayoung@inglewood.k12.ca.us](mailto:ayoung@inglewood.k12.ca.us)

**Robert Guillen**

Chief Operations Officer  
(310) 419-2797

**Lawndale School District**

4161 West 147th Street  
Lawndale, CA 90260

**Dr. Ellen Dougherty**

Superintendent  
(310) 973-1300, x1220  
Email: [Ellen\\_dougherty@lawndale.k12.ca.us](mailto:Ellen_dougherty@lawndale.k12.ca.us)

**Elizabeth (Libby) Vracin**

Director, Pupil Services  
(310) 973-1300, x1213 or 1214  
Email: [libby\\_vracin@lawndale.k12.ca.us](mailto:libby_vracin@lawndale.k12.ca.us)

**John Vinke**

Assistant Superintendent- Business  
(310) 973-1300, x1255

**Lennox School District**

10319 Firmona Avenue  
Lennox, CA 90304

**Dr. Bruce McDaniel**

Superintendent  
(310) 695-4000, x200  
Email: [bmcd@lennox.k12.ca.us](mailto:bmcd@lennox.k12.ca.us)

**Dina Gamez**

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(310) 695-4000, x4033  
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**Brian Johnson**

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(310) 695-4010  
Email: [brian\\_johnson@lennox.k12.ca.us](mailto:brian_johnson@lennox.k12.ca.us)

**Diana Reyes**

Coordinator, Pupil Services  
Email: [Diana\\_Reyes@lennox.k12.ca.us](mailto:Diana_Reyes@lennox.k12.ca.us)

**Manhattan Beach Unified School District**

325 S. Peck Avenue  
Manhattan Beach, CA 90266

**Dr. Michael Matthews**

Superintendent  
(310) 318-7345, x5900  
Email: [mmatthews@manhattan.k12.ca.us](mailto:mmatthews@manhattan.k12.ca.us)

**Dr. Steve Romines**

Assistant Superintendent - Business  
(310) 318-7345, x5943  
Email: [sromines@manhattan.k12.ca.us](mailto:sromines@manhattan.k12.ca.us)

**Ellyn Schneider**

Executive Director of Student Services  
(310) 318-7345, x5913  
Email: [eschneider@manhattan.k12.ca.us](mailto:eschneider@manhattan.k12.ca.us)

**Kim Johnson**

Director of Children Services  
(310) 318-7345, x5524

**Palos Verdes Peninsula Unified School District**

**Valmonte Elementary and Pupil Services**

3801 Via La Selva  
Palos Verdes Estates, CA 90274

**Walker Williams**

Superintendent  
(310) 378-9966, x250  
Email: [Supts@pvpusd.k12.ca.us](mailto:Supts@pvpusd.k12.ca.us)

**Shirley Resich**

Director, Pupil Services & Early Childhood  
Education  
(310) 791-5078, x201

**Dr. Lynn Busia**

Administrator of Pupil Services  
(310) 791-5078, x270  
Email: [busia@pvpusd.k12.ca.us](mailto:busia@pvpusd.k12.ca.us)

**Redondo Beach Unified School District**

1401 Inglewood Avenue  
Redondo Beach, CA 90278

**Dr. Steven Keller**

Superintendent  
(310) 937-1271  
Email: [skeller@rbusd.org](mailto:skeller@rbusd.org)

**Aaron Benton**

Director, Special Education  
(310) 798-8683, x1301  
Email: [abenton@rbusd.org](mailto:abenton@rbusd.org)

**Torrance Unified School District**

2335 Plaza Del Amo  
Torrance, CA 90509

**Dr. George Mannon**

Superintendent  
(310) 972-6001  
Email: [gmannon@tUSD.org](mailto:gmannon@tUSD.org)

**Dina Parker**

Director, Special Education  
(310) 972-6101  
Email: [dparker@tUSD.org](mailto:dparker@tUSD.org)

**Wiseburn School District**

13530 Aviation Boulevard  
Hawthorne, CA 90250

**Dr. Tom Johnstone**

Superintendent  
(310) 643-3009  
Email: [Tjohnstone@wiseburn.k12.ca.us](mailto:Tjohnstone@wiseburn.k12.ca.us)

**Diana Bowlby**

Director, Psych. & Child Services  
(310) 725-4757  
Email: [Dbowlby@wiseburn.k12.ca.us](mailto:Dbowlby@wiseburn.k12.ca.us)

## **SOUTHWEST SELPA CHARTER SCHOOLS**

### **Animo Leadership Charter High School**

1155 Arbor Vitae St.  
Inglewood, CA 90301

#### **Julio Murcia**

Principal  
(310) 216-3277, x107  
Email: [Jmurcia@animo.org](mailto:Jmurcia@animo.org)

#### **Carol Rowland**

Assistant Principal/Special Education  
Coordinator  
(310) 216-3277  
Email: [carrol.rowland@animo.org](mailto:carrol.rowland@animo.org)

### **Animo Inglewood Charter High School**

3425 West Manchester Avenue  
Inglewood, CA 90305

#### **Leilani Abulon**

Principal  
(323) 565-2100, x603  
Email: [labulon@animo.org](mailto:labulon@animo.org)

#### **Chelsea Guibord**

Special Education Teacher  
(323) 565-2100, x309  
Email: [chelsea.guibord@animo.org](mailto:chelsea.guibord@animo.org)

#### **Dan Helenuis**

Assistant Principal  
(323) 565-2100 x605  
Email: [carrol.rowland@animo.org](mailto:carrol.rowland@animo.org)

#### **Julia Fisher**

Special Education Teacher  
(323) 565-2100, x310  
Email: [jfisher@animo.org](mailto:jfisher@animo.org)

### **Century Academy Charter**

2400 W. 85th Street  
Inglewood, CA 90305

#### **Geselle Edman**

Principal  
(323) 752-8834  
Email: [gedman@centuryacademy.org](mailto:gedman@centuryacademy.org)

#### **Camille Lara**

Special Education Coordinator/Teacher  
Email: [cruizlara@yahoo.com](mailto:cruizlara@yahoo.com)

### **Century Community Charter School**

901 S. Maple Street  
Inglewood, CA 90301

#### **Teri Norris**

Principal  
(310) 412-2286  
Email: [tnorris@centuryhousing.org](mailto:tnorris@centuryhousing.org)

#### **Julie Hicks**

Coordinator of Pupil Services  
Email: [jhicks@centuryhousing.org](mailto:jhicks@centuryhousing.org)

#### **Dana Means**

Director of Pupil Services  
Email: [dmeans@centuryhousing.org](mailto:dmeans@centuryhousing.org)

#### **Sade Stiger**

Special Education Teacher  
Email: [sstiger@centuryhousing.org](mailto:sstiger@centuryhousing.org)

**Environmental Charter High School**

16315 Greveilla Avenue  
Lawndale, CA 90260

**Alison Diaz**

Founder/Director  
(310) 676-3107  
Email: [Alison\\_Diaz@echsonline.org](mailto:Alison_Diaz@echsonline.org)

**Kennedy Hilario**

Executive Director  
Email: [Kennedy\\_Hilario@echsonline.org](mailto:Kennedy_Hilario@echsonline.org)

**Dawn Pellerin**

Special Education Director  
Email: [Dawn\\_Pellerin@echsonline.org](mailto:Dawn_Pellerin@echsonline.org)

**New West Charter Middle School**

11625 West Pico Blvd.  
Los Angeles, CA 90064

**Sharon Weir**

Principal  
(310) 943-5444  
Email: [sweir@newwestcharter.org](mailto:sweir@newwestcharter.org)

**Tanisha Barnett**

Coordinator of Pupil Services  
Email: [barnett@newwestcharter.org](mailto:barnett@newwestcharter.org)

**Wilder Preparatory Academy Charter**

830 La Brea Avenue  
Inglewood, CA 90305

**Ms. Oliver**

Director of Administration  
Email: [loliver@wpacs.org](mailto:loliver@wpacs.org)

**Terry Bordenave**

Operations Manager  
Email: [tbordenave@wpacs.org](mailto:tbordenave@wpacs.org)

## **Tri-City SELPA**

4034 Irving Place  
Culver City, CA 90232  
(310) 842-4220, x4310

**Serves:** *Beverly Hills, Culver City and Santa Monica-Malibu Unified School Districts*

### **TRI-CITY SELPA MEMBER DISTRICTS**

#### **Beverly Hills Unified School District**

255 South Lasky Drive  
Beverly Hills, CA 90212  
(310) 551-5100  
<http://www.bhusd.org>

#### **Harriet Maglin**

Director, Special Education and Student Support Services  
(310) 551-5100 x 2226

#### **Culver City School District**

4034 Irving Place  
Culver City, CA 90232  
(310) 842-4220/ (310) 842-4205 (fax)  
<http://www.ccusd.org>

#### **Santa Monica- Malibu Unified School District**

1651-16<sup>th</sup> Street  
Santa Monica, CA 90404  
(310) 450-8338  
<http://www.smmusd.org>

#### **Dr. Sara Woolverton**

Director, Special Education  
(310) 450-8338 x70210  
Email: [swoolverton@smmusd.org](mailto:swoolverton@smmusd.org)

#### **Bekah Dannelley**

Special Education, Coordinator of  
Preschools  
(310) 450-8338 x70225  
Email: [bdannelley@smmusd.org](mailto:bdannelley@smmusd.org)

#### **Francis Costanzo**

Special Education, Coordinator of Elementary  
Schools  
(310) 450-8338 x70378  
Email: [fcostanzo@smmusd.org](mailto:fcostanzo@smmusd.org)

#### **Darcy Keleher**

Special Education, Coordinator of Secondary  
Schools  
(310) 450-8338 x70227  
Email: [dkeleher@smmusd.org](mailto:dkeleher@smmusd.org)

#### **Victoria Hurst**

Special Education Coordinator  
Email: [vhurst@smmusd.org](mailto:vhurst@smmusd.org)



## **Community Programs**

# Community Programs

## **Boys and Girls Club of Santa Monica**

1238 Lincoln Blvd.  
Santa Monica, CA 90401  
(310) 394-2582  
Email: [info@smbgc.org](mailto:info@smbgc.org)  
<http://www.smbgc.org>

## **Broadway Gymnastics School**

5433 Beethoven St.  
Los Angeles, CA 90066  
(310) 302-0035  
<http://www.broadwaygym.com>

## **Dave Rabb's Children's Fitness Center**

10858 Washington Blvd.  
Culver City, CA 90232  
(310) 559-4110  
<http://daverabbkidsfitness.com>

## **Leaps...n...Boundz**

### **Main Office:**

5433 Beethoven St.  
Los Angeles, CA 90066  
(310) 821-0963  
(310) 821-3264 (fax)  
E-mail: [info@leapsnboundz.com](mailto:info@leapsnboundz.com)  
<http://www.leapsnboundz.com>

### **Mailing Address:**

Leapsõ nõ Boundz  
Attn: Joclynn Benjamin  
3645 Cardiff Ave., Ste. 304  
Los Angeles, CA 90034

*An adaptive sports and recreation program  
for children with special needs of all ages*

**Programs:** After School Program,  
Camp, Community Leaps, Cooking,  
Gymnastics, Sibling Connections, Social  
Skills, Swimming, Team Frogz

## **Shane's Inspiration**

15213 Burbank Blvd.  
Sherman Oaks, CA 91411  
(818) 988-5676  
(888) 61SHANE or (888) 617-4263 (toll free)  
(818) 988-5677 (fax)

<http://www.shanesinspiration.org>

*Located in Griffith Park, Shane's Inspiration  
provides equitable and accessible  
playgrounds for all children. They created  
the first Universally Accessible Playground in  
the Western United States and the largest in  
the nation: "Shane's Inspiration." It provides  
two acres of fully accessible, sensory-rich  
and physically challenging equipment.*

*\*Please call for list of accessible parks*

## **Special Olympics/Southern California**

5875 Green Valley Circle, Ste. 200  
Culver City, CA 90230  
(800) 832-6276

<http://www.sosc.org>

**Provides:** *Information on Special Olympics  
sports programs throughout Southern  
California. Ages 8+*

## **YMCA**

(800) 872-9622  
<http://www.ymca.net>

**Programs:** *Health and Fitness, Aquatics,  
Camping, Family, Childcare, Community  
Development, Arts, Sports, Teens*

-



# **Individual Therapists Serving Individuals with Developmental Disabilities**

# Individual Therapists Serving Individuals with Developmental Disabilities

**Edward J. Bitter, PhD.**

1245 16<sup>th</sup> Street, Ste. 210

Santa Monica, CA 90404

(310) 277-0190

Email: [DrBitter@DrBitter.com](mailto:DrBitter@DrBitter.com)

**Services:** *Specializes in individual and couples; adults only*

**Gerald Betzen, MFT**

337 S. Beverly Drive, Ste. 207

Beverly Hills, CA 90212

(310) 271-2001

**Janet Bowden, MA, MFT**

3685 Motor Avenue, Ste. 230

Los Angeles, CA 90034

(310) 559-1071

**Paul Boyle, PhD.**

1137 Second St., Ste. 207

Santa Monica, CA 90403

(310) 394-2586

**Services:** *Assessments, Consultations, Behavioral Services*

**Payment:** Fee for services, some private insurance

**A. Mark Christiansen, MFT**

3130 Wilshire Blvd., Ste. 550

Santa Monica, CA 90404

(310) 315-2622

*Cognitive-Behavioral, Individual and Group, Couples, Adults*

**Payment:** Negotiated Fee

**Lisa W. Cobey, M.A., MFT**

11500 W. Olympic Blvd., Ste 420

Los Angeles, CA 90064

(310) 743-2408

Email: [Lwcobey@yahoo.com](mailto:Lwcobey@yahoo.com)

<http://www.counselingcalifornia.com/Therapists/LisaWCobey>

**Barbara Foley, Ph.D.**

1551 Ocean Avenue, Ste. 230

Santa Monica, CA 90401

(310) 395-3739

Private pay

Past vendor

*Experience with autism for children and adults; provides housecalls; social skills training*

**Mayra Mendez, PhD.**

St. John's Hospital

1339 20<sup>th</sup> Street

Santa Monica, CA 90404

*Individual and Group therapy*

**Payment:** Medi-Cal and Medi-Care

**Maggie Sennish, LPC, MFT**

1334 Westwood Blvd., Ste. 3B

Los Angeles, CA 90024

(310) 446-5724

**Pam Sirota, MFT**

9108 W. 25<sup>th</sup> Street

Los Angeles, CA 90034

(310) 720-1658

## Dialectical Behavioral Therapy Providers

**Harbor UCLA Psychiatry**

1000 W Carson St.

Torrance, CA 90509

(310) 222-3137

(310) 320-6973 (fax)

Email: [shafrank@dhs.lacounty.gov](mailto:shafrank@dhs.lacounty.gov)

<http://www.harboruclapsych.com>

**PCH Treatment Clinic Center**

11965 Venice Blvd., Ste. 405

Los Angeles, CA 90066

(888) 724.0040

<http://www.pchtreatment.com>

Contact: Jenice Cubillas, Admission Director  
*Serves some persons with developmental disabilities (Depending on levels of severity); Residential, out of pocket costs.*

# North Los Angeles



# **North Los Angeles County Regional Center Information**

## **North Los Angeles County Regional Center**

15400 Sherman Way, Ste. 170

Van Nuys, CA 91406-4211

(818) 778. 1900 (evenings and weekends, please ask for Officer of the Day)

(818) 756-6140 (fax)

<http://www.nlacrc.org>

*North Los Angeles County Regional Center serves individuals with developmental disabilities (e.g. autism, intellectual disability, cerebral palsy, epilepsy) living in San Fernando Valley, Santa Clarita Valley and Antelope Valley with satellite offices in Santa Clarita and Lancaster.*

## **Satellite Offices:**

### **North Los Angeles County Regional Center**

#### **Santa Clarita Valley**

28470 Avenue Stanford, Ste. 100

Santa Clarita, CA 91355

(661) 775-8450

(661) 775-8454 (fax)

### **North Los Angeles County Regional Center**

#### **Antelope Valley**

43210 Gingham Avenue, Ste. 6

Lancaster, CA 93535

(661) 945-6761

(661) 942-4050 (fax)

### **North Los Angeles County Regional Center**

#### **Office of Client's Rights Advocacy**

#### **Ibrahim ("Bebo") K. Saab, CRA**

15400 Sherman Way, Ste. 300

Van Nuys, CA 91406

Phone: (818) 756-6290

Fax: (818) 756-6175

Email: [Bebo.Saab@disabilityrightsca.org](mailto:Bebo.Saab@disabilityrightsca.org)



## **Health Care Facilities, Agencies and Centers**





# Local Hospitals with Mental/Behavioral Health Services

## **Antelope Valley Hospital**

1600 West Avenue, Ste. J

Lancaster, CA 93534

(661) 949-5250

(661) 949-5238 (fax)

*Adults only; acute mental health*

## **Henry Mayo Newhall Memorial Hospital**

23845 W. McBean Parkway

Valencia, CA 91355

Behavioral Health Unit Nurses Station

(661) 253-8954/ (661) 253-8989

Primary Phone Number:

(888) 383-8111

*Acute mental health*

## **Hollywood Community Hospital**

14433 Emelita St.

Van Nuys, CA 91402

(818) 787-1511

*Adults only*

## **LAC-Olive View/UCLA Medical Center**

14445 Olive View Drive

Sylmar, CA 91342

(818) 364-4341

(818) 364-4493 (fax)

**Services:** *Mental Health Services; case management; medication support; crisis intervention; psychiatric inpatient hospital; outpatient*

**Language:** English

## **Mission Community Hospital**

14850 Roscoe Blvd.

Panorama City, CA 91402

(800) 608-4624 (direct psych admit line)

*Adults, Children; DMH*

## **Northridge Hospital Medical Center**

18300 Roscoe Blvd.

Northridge, CA 91328

(818) 885-5484 (intake)

(818) 885-8905 (fax)

*Children 13-18; Adults*

## **Verdugo Hills Hospital**

1812 Verdugo Blvd.

Glendale, CA 91208

(818) 790-7100

*Serves midlife and older adult population ages 50+*

## Medical and Health Facilities with Secured Units

### **Mission Community Hospital**

14850 Roscoe Blvd.  
Panorama City, CA 91402  
(800) 608-4624 (direct psych admit line)  
*Adults, Children*

### **Northridge Hospital Medical Center**

18300 Roscoe Blvd.  
Northridge, CA 91328  
(818) 885-5484 (intake)  
(818) 885-8905 (fax)  
*Children 13-18; Adults*

### **Pacifica Hospital of the Valley**

2776 San Fernando Road  
Sun Valley, CA 91352  
(800) 522-1154  
(818) 252-2271 (intake)  
*Adults Only*

## Urgent Care Center

### **DMH-Olive View Urgent Care Services**

10605 Balboa Boulevard, Ste. 100  
Granada Hills, CA 91344  
(818) 832-6192

*\* This contact information will change after July 2011*

# Mental/Behavioral Health Centers – Outpatient

## PROVIDERS ACCEPTING PUBLIC INSURANCE

### **Antelope Valley Wellness Center**

251 East Avenue, Ste. K-6

Lancaster, CA 93535

(661) 974-8400

*\*Please call for information about accessing services.*

### **Asian Pacific Counseling and Treatment Center**

5900 S. Sepulveda Blvd., Ste. 425

Van Nuys, CA 91411

(818) 267-1100

**Services:** *Case management; medication support; full service partnership; general mental health services; psych testing*

**Languages:** English, Chinese, Cambodian, Khmer, Korean, Spanish, Tagalog, Thai, Vietnamese

### **Dubnoff Center for Child Development**

10526 Dubnoff Way

North Hollywood, CA 91606

(818) 755-4950

(818) 752-0783 (fax)

<http://www.dubnoffcenter.org>

**Services:** *Case Management; Outpatient Services; Educational, Vocational, and Other Psychiatric Rehab Services for families, individuals, children and adults; Therapists provide mental health services to their Non-Public School students and to clients throughout their service area in locations including public schools, juvenile hall, juvenile camp, and out-patient mental health centers.*

### **The Help Group's Administrative Offices**

13130 Burbank Blvd.

Sherman Oaks, CA 91401

(818) 779-5212

Email: [info@thehelpgroup.org](mailto:info@thehelpgroup.org)

<http://www.thehelpgroup.org>

**Programs and Services:** *Crisis*

*Intervention, Case Management, Outpatient Services; Community Health Promotion, Vocational, Socialization and Other Rehab Services, Primary Linkages-Children*

### **Hillview Mental Health Center**

12450 Van Nuys Blvd., Ste. 200

Pacoima, CA 91331

(818) 896-1161

(818) 896-5069 (fax)

**Services:** *Outpatient crisis intervention, case management; medication support*

**Languages:** English, Spanish, Armenian

### **MacDonald Carey East Valley Mental Health Center**

11631 Victory Blvd., Ste. 203

North Hollywood, CA 91606

(818) 908-3855

*Outpatient mental health rehabilitation program, which provides both a comprehensive and integrated array of Mental Health Services, Targeted Case Management Services, Medication Support Services, and Crisis Intervention Services to adults with a severe and persistent mental illness. Adults 21+*

### **Victory Wellness Center**

14411 Vanowen St.

Van Nuys, CA 91405

(818) 989-7475

**Services:** *Counseling, group therapy, case management emergency food*

*Adults Only*

## **PROVIDERS ACCEPTING PRIVATE INSURANCE**

### **California Family Counseling Center Phillips Graduate Institute**

5445 Balboa Blvd.

Encino, CA 91316

(818) 907-9980

(818) 386-5694 (fax)

**Services:** *Individual, couple, child, adolescent, family, senior, group counseling; bereavement counseling; domestic violence; parenting groups*

**Languages:** English, Spanish, some Hebrew and Farsi

**Payment:** Accepts private pay, some insurance, sliding fee scale: \$20-\$70; does not accept Medi-Cal

### **Child Development Institute**

6340 Variel Ave., Ste. A

Woodland Hills, CA 91367

(818) 888-4559

(818) 888-4005 (fax)

<http://www.childdevelopmentinstitute.org>

**Services:** *Mental Health Therapy; Speech and Language Therapy; Occupational Therapy; Social Skills Groups; Relationship-Based Behavioral Therapy (RBBT); Parent Support Services (children 0-8)*

**Languages:** English and Spanish

**Payment:** Accepts private insurance. Does not accept Medi-Cal.

### **Coldwater Counseling Center**

4419 Coldwater Canyon Ave.

Studio City, CA 91604

(818) 508-0703

<http://www.coldwatercounselingcenter.org>

**Services:** *Individual counseling and support groups*

**Payment:** Sliding fee scale

# DMH Directly-Operated Clinics and Contracted Agencies

## Service Area 1: Antelope Valley

### **Antelope Valley Mental Health Center**

349-A East Avenue K-6, Ste. A

Lancaster, CA 93535

(661) 723-4260 (intake)

(661) 723-6975 (fax)

**Services:** *Mental health services for adults*

### **Palmdale MHC**

1529 E. Palmdale Blvd., Ste. 150

Palmdale, CA 93550

(661) 575-1800

**Services:** *Mental health services for adults  
Drop-ins-Wednesday before 8am; client will  
need to be screened for services*

## Service Area 1 Contract Agencies

### **Alifia Mental Health Center**

1331 W. Avenue J, Ste. 202

Lancaster, CA 93534

(661) 940-9094

*Children Only*

*Outpatient Mental Health Clinic*

### **Child and Family Guidance Center (CFGC)**

<http://www.childguidance.org>

**Services:** *Case management, community  
outreach, mental health, crisis intervention,  
day treatment for youth population*

### **CFGC Palmdale**

310 E. Palmdale Blvd.

Palmdale, CA 93550

(661) 265-8627

### **Child and Family Center**

21545 Centre Pointe Parkway

Santa Clarita, CA 91350

(661) 259-9439

<http://www.childfamilycenter.org>

**Services:** *Outpatient, school based  
counseling, support groups, case  
management, and early intervention mental  
health services for children ages 0-5;  
adolescent drug and alcohol treatment and  
recovery services*

### **CFGC Lancaster**

1669 West Avenue J, #202

Lancaster, CA 92534

(661) 942-7552

### **Santa Clarita Valley Mental Health Center**

23501 Cinema Drive, Ste. 210

Valencia, CA 91405

(661) 288-4800

**Services:** *Outpatient Mental health services for  
adults*

## Service Area 2: San Fernando Valley

### **Central Valley Youth and Family Center**

1464 Sherman Way, Ste. 508

Van Nuys, CA 91405

(818) 908-4990/ (818) 908-4991

**Services:** *Individual and group counseling  
for children and families; parent support;  
victim assistance and grief groups*

### **Child and Family Guidance Center (CFGC)**

#### **Main Office-Northridge**

9650 Zelzah Avenue

Northridge, CA 91325

(818) 993-8206

<http://www.childguidance.org>

**Services:** *Case management; community  
outreach; mental health; crisis intervention;  
day treatment for youth population*

**CFGC-Family Stress Center North Hills**

16861 Parthenia St.  
North Hills, CA 91343  
(818) 830-0200

**CFGC Van Nuys**

6851 Lennox Avenue, Ste. 100  
Van Nuys, CA 91405  
(818) 739-5429

**Counseling 4 Kids**

601 S. Glenoaks Blvd., Ste. 200  
Burbank, CA 91502  
(818) 441-7800  
(818) 441-0013 (fax)  
Email: [inquiries@counseling4kids.org](mailto:inquiries@counseling4kids.org)  
<http://www.counseling4kids.org>

**Services:** Individual therapy family therapy; psychological evaluation; case management

**El Centro de Amistad: The Friendship Center****West Valley Office:**

6800 Owensmouth Ave, Ste. 310  
Canoga Park, CA 91303  
(818) 347-8565  
(818) 347-0506 (fax)

**East Valley Office:**

566 South Brand Boulevard  
San Fernando, CA 91340  
(818) 898-0223  
(818) 361-5384 (fax)  
<http://www.elcentrodeamistad.com>

**Services:** Provides adult and children's mental health services; community mental health information; case management; medication support; therapy; outpatient

**Language:** English and Spanish

**Payment:** Medi-cal only

**Pacific Asian Counseling Services (PACS)**

6851 Lennox Ave., Ste. 400  
Van Nuys, CA 91405  
(818) 989-9214

Email: [info@pacsla.org](mailto:info@pacsla.org)  
<http://www.pacsla.org>

**Programs and Services:** Crisis Intervention; Case Management; Community Health Promotion; Outpatient; Child Abuse Services; Vocational Services; Supportive mental health services to CalWorks participants

**San Fernando Community Mental Health Center**

14545 Sherman Circle  
Van Nuys, CA 91405  
(818) 901-4854

Email: [info@sfvcmhc.org](mailto:info@sfvcmhc.org)

<http://www.movinglivesforward.org>

**Services:** Medication management; supportive group therapy; case management; Serves: TAY 17-26 and adults 26 and over; Residents residing in Encino, Sherman Oaks, Van Nuys only

**San Fernando Mental Health Center**

10605 Balboa Blvd., Ste.100  
Granada Hills, CA 91344  
(818) 832-2400

**Services:** Mental health services for children and adults

**The San Fernando Valley Community Mental Health Center, Inc. - Administration**

6842 Van Nuys Blvd., 6th Floor  
Van Nuys, CA 91405  
(818) 901-4830  
(818) 373-4830 (fax)

**San Fernando Valley Community Mental Health Center, Inc.: The Transitional Age Youth Residential Program**

(818) 901-4930  
<http://www.movinglivesforward.org/programs/transitional-age-youth-residential-services>

**Services:** 24 hours a day mental health staffing; therapeutic groups and activities; supported in developing home management skills, self care, cooking, and shopping

**Valley Coordinated Children Services**

19231 Victory Blvd., Ste. 110  
Reseda, CA 91205  
(818) 708-4500

**Services:** Mental health services for Children/Youth

**West Valley Mental Health Center**

7621 Canoga Ave.  
Canoga Park, CA 91304  
(818) 598-6900

**Services:** Mental health services for adults; Crisis intervention; medication disbursement; group, day treatment program (\*please include complete mental health status for patient when issuing referral)

# **LA County DMH Service Navigators**

## **Service Area One**

**Angela Coleman**, Adult Navigator  
(661) 223-3813

**Wanda Champion**, Child Navigator  
(661) 223-3800

## **Service Area Two**

**Darrell Scholte**, Adult Navigator  
(818) 610-6705

**Alexander Edwards**, Child/TAY Navigator  
(213) 276-5648

## **LA County DMH and Regional Center Liaisons**

**Los Angeles County- Department of Mental Health, Service Area District Chiefs**

**Irma Castaneda, PhD, LCSW**

**Countywide Regional Center Liaison**

Emergency Outreach Bureau

550 S. Vermont Ave., 10th Floor

Los Angeles, CA 90020

(213) 738-3433

Email: [ICastaneda@dmh.lacounty.gov](mailto:ICastaneda@dmh.lacounty.gov)

**North Los Angeles County Regional Center**

**RC Liaison: Catherine Scarf**

15400 Sherman Way, Ste. 170

Van Nuys, CA 91406-4211

(818) 756-6109

Email: [catherins@nlarc.org](mailto:catherins@nlarc.org)

**Areas Served:** Northern Los Angeles County including San Fernando and Antelope Valley





## **Family Support Resources**

# Family Support Resources

## Early Start Family Resource Centers Network of California

*Family resource centers offer support families of people with developmental disabilities and special needs locate and use needed services.*

<http://www.frcnca.org>

### North Los Angeles Location

#### **Family Focus Resource Center & Empowerment Center**

**California State University, Northridge; Michael D. Eisner College of Education**

18111 Nordhoff St., Room ED109

Northridge, CA 91330-8265

(818) 677-6854

(818) 677-5574 (fax)

Email: [family.empower@csun.edu](mailto:family.empower@csun.edu)

<http://www.csunfamilyfocus.com>

## **Special Education Resources**



# LAUSD Special Education Support Units

*Special Education Support Units serve the Local Districts, parents and school staffs under the supervision of the Division of Special Education.*

## Support Unit North Los Angeles

**Cheryl Krohn**, Administrator

**Cindy Welden**, Administrator

8550 Balboa Blvd.

Northridge, CA 91325

(818) 256-2800

## Local District 1

**Jean Brown**, Superintendent

6621 Balboa Blvd.

Lake Balboa, CA 91406

(818) 654-3600

## Local District 2

**Alma Peña-Sanchez**, Superintendent

5200 Lankershim Blvd.

North Hollywood, CA 91601

(818) 755-5300

## Special Education Local Plan Areas (SELPA)

*Each school district is an entity of a Special Education Local Planning Area (SELPA), responsible for providing special education programs for children with disabilities and other special needs.*

### Antelope Valley SELPA

37212 47th Street

Palmdale, CA 93550-4881

(661) 274-4136

<http://www.avspecialed.com>

### Antelope Valley SELPA Staff

**Donald C. Crane, Ph.D.**

Director

Email: [DCCRANE@palmdalesd.org](mailto:DCCRANE@palmdalesd.org)

**Kathe Duren**

Fiscal Services Coordinator

Email: [kathe\\_duren@palmdalesd.org](mailto:kathe_duren@palmdalesd.org)

**Alma R. Guerrero**

Program Specialist

Email: [ARGuerrero@palmdalesd.org](mailto:ARGuerrero@palmdalesd.org)

**Lavella Denison**

Administrative Secretary

Email: [LSDenison@palmdalesd.org](mailto:LSDenison@palmdalesd.org)

### ANTELOPE VALLEY SELPA MEMBER DISTRICTS

#### Acton-Agua Dulce Union School District

32248 Crown Valley Rd.

Acton, CA 93510

(661) 269-5999

**Contact: Cindy Fernandes**

Director of Education/Student Services

(661) 269-5999

Email: [cfernandes@aadusd.k12.ca.us](mailto:cfernandes@aadusd.k12.ca.us)

<http://aadusd.k12.ca.us>

**Antelope Valley Union High School District**

448115 Sierra Highway  
Lancaster, CA 93534  
(661) 948-7655

**Contact: Johan Mekel**

Director, Special Education  
(661) 729-2321, x126  
Email: [jmekel@avhsd.org](mailto:jmekel@avhsd.org)  
<http://www.avdistrict.org>

**Eastside Union School District**

45006 30th Street East  
Lancaster, CA 93535  
(661) 952-1200

**Contact: Dr. Mark Marshall**

Director, Student Services/Special Education  
(661) 952-1225  
Email: [mmarshall@eastside.k12.ca.us](mailto:mmarshall@eastside.k12.ca.us)  
<http://www.eastside.k12.ca.us>

**Gorman School District**

49847 Gorman School Road, P. O. Box 104  
Gorman, CA 93243  
(661) 248-6441

**Contact: Trudy Monro**

Director, Special Education  
(661) 248-6441  
Email: [tmonro@lws.lacoe.edu](mailto:tmonro@lws.lacoe.edu)  
<http://www.gorman.k12.ca.us>

**Hughes-Elizabeth Lakes Union Elementary School District**

16633 Elizabeth Lake Rd.  
Lake Hughes, CA 93532  
(661) 724-1231

**Contact: Julie Maple**

Coordinator of Student Services  
(661) 724-1231  
Email: [jmaple@lws.lacoe.edu](mailto:jmaple@lws.lacoe.edu)  
<http://www.heluesd.org/home1.aspx>

**Keppel Union School District**

34004 128th Street E., P.O. Box 186  
Pearblossom, CA 93553  
(661) 944-2155

**Contact: Linette Hodson**

Assistant Superintendent, Support Services  
(661) 944-2372  
Email: [lhodson@keppel.k12.ca.us](mailto:lhodson@keppel.k12.ca.us)  
<http://www.keppel.k12.ca.us>

**Lancaster School District**

44711 N. Cedar Ave.  
Lancaster, CA 93534  
Phone: (661) 948-4661

**Contact: Benay Loftus**

Director, Special Education  
(661) 948-4661, x160  
Email: [loftusb@lancsd.org](mailto:loftusb@lancsd.org)  
<http://www.lancsd.org>

**Palmdale School District**

39139 10th Street East  
Palmdale, CA 93550  
(661) 947-7191  
<http://www.palmdalesd.org>

**Contact: Dr. John Porter**

Assist. Superintendent/Student Services, Special Education  
(661) 456-1452  
Email: [jcporter@palmdalesd.org](mailto:jcporter@palmdalesd.org)

**Westside Union School District**

46809 70th Street West  
Lancaster, CA 93536  
(661) 722-0716  
<http://www.westside.k12.ca.us>

**Contact: Glen Egbert**

Coordinator, Student Support Services  
(661) 722-0716, x146  
Email: [g.egbert@westside.k12.ca.us](mailto:g.egbert@westside.k12.ca.us)

**Wilsona Union School District**

18050 East Avenue O  
Palmdale, CA 93591  
(661) 264-1111  
<http://www.wilsonasd.net>

**Contact: Stacy Alvey**

School Psychologist  
(661) 264-1155  
Email: [salvey@wilsona.k12.ca.us](mailto:salvey@wilsona.k12.ca.us)

**Debra Cook-Lewis**

Secretary, Special Education  
(661) 264-1111, x205  
Email: [dcook-lewis@wilsona.k12.ca.us](mailto:dcook-lewis@wilsona.k12.ca.us)

## **Foothill SELPA**

1700 E. Mountain Street  
Glendale, CA 91206  
(818) 246-5378  
<http://www.foothillselpa.org>

### **FOOTHILL SELPA MEMBER DISTRICTS**

**Serves:** *Burbank Unified School District, Glendale Unified School District, La Canada Unified School District*

#### **Burbank Unified School District**

1900 W Olive Ave  
Burbank, CA 91506  
[http:// www.burbank.k12.ca.us](http://www.burbank.k12.ca.us)

#### **Special Education & Psychological Services:**

(818) 729-4449  
(818) 729-4544 (fax)

##### **Jessica Fullerton, Ed.D.**

Director of Special Education  
(818) 729-4449

##### **Jane Clausen**

Coordinator of Special Education  
(818) 729-4430

##### **Marla Beckner**

Special Education Technician  
(818) 729-4412

##### **Sue Levy-Steiner, Speech Specialist**

(818) 729-4595

##### **Greta Binkley**

Occupational Therapy Coordinator  
(818) 729-4443

##### **Patricia Ivankovic**

Deaf and Hard of Hearing Program  
Specialist  
(818) 558-5550

#### **Glendale Unified School District**

223 N. Jackson St.  
Glendale, CA 91206  
<http://www.gusd.net>

#### **Special Education**

(818) 241-3111, x 205  
<http://www.gusd.net>

##### **Dr. Amy Lambert**

Asst. Superintendent of Special Education  
Email: [AmyLambert@gusd.net](mailto:AmyLambert@gusd.net)

##### **Bill Gifford**

Coordinator of Special Education  
Email: [BGifford@gusd.net](mailto:BGifford@gusd.net)

#### **La Canada Unified School District**

4490 Cornishon Avenue  
La Canada, CA 91011  
<http://www.lcusd.net>

##### **Tamara Jackson**

Director of Special Education  
(818) 952-8392 (voicemail)  
(818) 952-8394 (fax)  
Email: [tjackson@lcusd.net](mailto:tjackson@lcusd.net)

##### **Emily Felong**

Special Education Secretary  
(818) 952-8397 (voicemail)  
(818) 952-8394 (fax)  
Email: [felong@lcusd.net](mailto:felong@lcusd.net)



## **The Santa Clarita Valley SELPA**

24930 Avenue Stanford  
Santa Clarita, CA 91355  
(661) 294-5398  
(661) 294-7842 (fax)

### **SANTA CLARITA VALLEY SELPA MEMBER DISTRICTS**

#### **Castaic Union School District**

28131 Livingston Avenue  
Santa Clarita, CA 91355  
<http://www.castaic.k12.ca.us>

#### **Sandee Sumner**

Director of Student Support Services  
(661) 257-4500

#### **Newhall School District**

25375 Orchard Village Road  
Santa Clarita, CA 91355  
<http://www.newhall.k12.ca.us>

#### **Dr. Todd Fine**

Director of Pupil Services  
(661) 291-4182

#### **Saugus Union School District**

24930 Avenue Stanford  
Santa Clarita, CA 91355  
<http://www.saugus.k12.ca.us>

#### **Joyce Johnston**

Director of Student Support Services  
(661) 294-5309

#### **Sulphur Springs Union School District**

2700 Weyerhaeuser Way  
Santa Clarita, CA 91351  
<http://www.sssd.k12.ca.us>

#### **Paul Frisina**

Director of Special Education  
(661) 252-5131

#### **William S. Hart Union High School District**

21515 Centre Pointe Pkwy  
Santa Clarita, CA 91350  
<http://www.hartdistrict.org>

#### **Marty Lieberman**

Director of Special Education  
(661) 259-0033

#### **Early Start Program (ages 0-3 years)**

20417 Cedarcreek St.  
Canyon Country, CA 91351

#### **Marie Pierre**

Coordinator of Early Start  
(661) 298-3292



## **Community Program Resources**

# Community Program Resources

## CHILDREN, ADOLESCENTS, TRANSITION-AGE YOUTH

### **Ahead with Horses, Inc.**

9311 Del Arroyo Dr.  
Sun Valley, CA 91352-2201  
(818) 767-6373

**Services:** *Developmental therapy and rehabilitation for special needs children, primarily ages 0-18.*

### **ARC**

6456 Whitsett Ave.  
North Hollywood, CA 91606  
(818) 762-4365

**Services:** *Housing, socialization and recreation in North Hollywood*

### **Bethune Theatredanse-Infinite Dreams**

3342 Barhan Blvd.  
Los Angeles, CA 90068  
(323) 874-0481  
(323) 851.2078 (fax)  
Email: [contact@bethunetheatredanse.org](mailto:contact@bethunetheatredanse.org)  
<http://www.bethuneinfinitedreams.org>

*Dance outreach programs for developmentally disabled youth.*

### **Buonora Child Development Center**

19325 Sherman Way  
Reseda, CA 91335  
(818) 885-6200  
Email: [buonoracenters@gmail.com](mailto:buonoracenters@gmail.com)  
<http://www.buonoracenters.org>  
<http://specialneedsdiscoveries.com>

**Provides:** *Full-service, family-focused, early intervention program specifically designed to meet the individual needs of infants and toddlers who are at risk of, or have developmental delays and/or disabilities, along with their families.*

### **Easter Seals Southern California**

710 W. Broadway  
Glendale, CA 91204  
(818) 551-0128  
<http://www.southerncal.easterseals.com>

**Provides:** *Camp experiences, after-school and recreational programs, for children with special needs. Check the website for specific information for each local chapter.*

### **Elsa: A Developmental Experience with Animals**

25732 Vista Verde Dr.  
Calabasas, CA 92301  
(310) 403-9665  
(818) 876-0306 (fax)  
Email: [susan@elsainc.org](mailto:susan@elsainc.org)  
<http://www.elsainc.org>

**Provides:** *Animal Assisted Growth and Learning programs for youth with special needs. Participants interact with rescued horses and ranch animals while they explore with all their senses. Each session lead by trained specialists.*

### **Jay Nolan Community Services Family Support**

15501 San Fernando Mission Blvd., Ste. 200  
Mission Hills, CA 91345  
(818) 361-6400 x119 (camp)  
(818) 361-6400 (office)  
Email: [cindy@jaynolan.org](mailto:cindy@jaynolan.org)  
<http://www.jaynolan.org>

**Provides:** *Various services for children and adults with autism spectrum disorders and other developmental disabilities such as training and counseling, day support. Also has a camp program for children ages 8-16.*

## ADULTS

### **Joey Travolta's Inclusion Films**

146 West Cypress Ave.

Burbank, CA 91502

(818) 848-3708

(818) 848-1493 (fax)

Email: [inclusionfilms@aol.com](mailto:inclusionfilms@aol.com)

<http://www.inclusionfilms.com>

**Services:** *Film Camps for children ages 9-18 years with special needs acting, improv-comedy, digital filmmaking, and animation; also provides practical film workshops for adults with developmental disabilities.*

### **The Los Angeles Retarded Citizens' Foundation: LARC Ranch**

29890 North Bouquet Canyon Rd.

Saugus, CA 91390

<http://www.larcfoundation.org>

**Services:** *Residential Program Adult Developmental Center Day Training Activity Center*

### **New Horizons: San Fernando Valley Association for the Retarded, Inc.**

15725 Parthenia St.

North Hills, CA 91343

(818) 894-9301

(818) 891-3267 (fax)

<http://www.newhorizons-sfv.org>

**Services:** *Day Training Activity Center, Housing Services, Supported Employment, Client Resources*

### **Valley Village**

20830 Sherman Way

Winnetka, CA 91306

(818) 587-9450

(818) 587-9184 (fax)

**Services:** *Day Programs, Adult Development Centers and Adult Day Health Care Centers*

## GENERAL

### **B.C.R.: A Place to Grow**

230 East Amherst

Burbank, CA 91504

(818) 483-4907

(818) 843-6829 (fax)

Email: [info@bcraplacetogrow.org](mailto:info@bcraplacetogrow.org)

<http://www.bcraplacetogrow.org>

**Services:** *Facility-based day and extended day program for children and adults with developmental disabilities from Burbank and neighboring L.A. County communities. 6 years and up.*

### **Special Olympics/Southern California**

5875 Green Valley Circle, Ste. 200

Culver City, CA 90230

(800) 832-6276

<http://www.sosc.org>

**Provides:** *Information on Special Olympics sports programs throughout Southern California. Ages 8+*

### **YMCA**

(800) 872-9622

<http://www.ymca.net>

**Programs:** *Health and Fitness, Aquatics, Camping, Family, Childcare, Community Development, Arts, Sports, Teens*



# **Developmental Disabilities and Mental Health Resources**





## **Developmental Disabilities Resources**



## FEDERAL GOVERNMENT

**Center for Disease Control and Prevention (CDC)/National Center on Birth Defects and Developmental Disabilities (NCBDDD) – “Learn the Signs. Act Early.”**

<http://www.cdc.gov/ncbddd/autism/ActEarly/default.htm>

**Disabilities.gov**

<https://www.disability.gov>

*Disability.gov is an award-winning federal government website that provides an interactive, community-driven information network of disability-related programs, services, laws and benefits.*

**National Institute of Child Health and Human Development**

<http://www.nichd.nih.gov/autism>

**National Institute on Deafness and Other Communication Disorders**

<http://www.nidcd.nih.gov>

**US Department of Education: The Office of Special Education and Rehabilitative Services, National Information on Disability**

<http://www2.ed.gov/about/offices/list/osers/index.html>

*Directory of national information on disabilities maintained by the U.S.*

*Department of Education, Office of Special Education and Rehabilitative Services.*

**U.S. Department of Health and Human Services: Administration on Developmental Disabilities**

<http://www.acf.hhs.gov/programs/add>

**U.S. Department of Health and Human Services: Office on Disability**

<http://www.hhs.gov/od>

## NATIONAL

**American Association on Intellectual and Developmental Disabilities (AAIDD)**

501 3rd Street, NW Ste., 200

Washington, DC 20001

(202) 387-1968

(202) 387-2193 (fax)

(800) 424-3688 (toll free)

<http://www.aamr.org>

**The American Network of Community Options and Resources (ANCOR)**

<http://www.ancor.org>

*This organization represents providers of services and supports to people with intellectual and developmental disabilities nationwide.*

**The Arc: For people with intellectual and developmental disabilities**

1660 L Street, NW, Ste. 301

Washington, DC 20036

(202) 534-3700 / (800) 433-5255

(202) 534-3731 (fax)

Email: [info@thearc.org](mailto:info@thearc.org)

<http://www.thearc.org>

*An organization committed to the welfare of children and adults with intellectual and developmental disabilities.*

**Association on University Centers on Disabilities (AUCD)**

<http://www.aucd.org>

**Best Buddies International**

<http://www.bestbuddies.org>

*The mission of Best Buddies is to enhance the lives of people with developmental disabilities by providing opportunities for one-to-one friendships and integrated employment.*

**The Consortium for Citizens with Disabilities**

<http://www.c-c-d.org>

**Developmental Disabilities Resource Center**

<http://www.ddrcco.com>

**The Help Group**

<http://www.thehelpgroup.org>

**Job Accommodation Network**

<http://askjan.org>

*A service of the US Department of Labor, Office of Disability Employment Policy. Provides free, confidential information about job accommodations and the Americans with Disabilities Act (ADA)*

**The National Association for the Dually Diagnosed (NADD)**

<http://www.thenadd.org>

*Not-for-profit membership association established for professionals, care providers and families to promote understanding of and services for individuals who have developmental disabilities and mental health needs*

**National Association of Developmental Disabilities (NADDC)**

<http://www.nadddc.org>

*Promotes national policy which provides individuals with developmental disabilities*

**National Disability Rights Network (NDRN)**

<http://www.ndrn.org>

*The organization representing the State Protection and Advocacy Organizations for persons with disabilities*

**National Dissemination Center for Children with Disabilities (NICHCY)**

<http://www.nichcy.org>

*Information about disabilities in infants, toddlers, children and youth and research-based information on effective educational practices.*

**National Early Childhood Technical Assistance Center**

Campus Box 8040, UNC-CH

Chapel Hill, NC 27599-8040

**Street address for shipping:**

517 S Greensboro Street

Carrboro, NC 27510

(919) 962-2001

(919) 966-7463 (fax)

E-mail: [nectac@unc.edu](mailto:nectac@unc.edu)

<http://www.nectac.org>

*NECTAC serves Part C-Infant and Toddlers with Disabilities Programs and Part B-Section 619 Preschool Programs for Children with Disabilities in all 50 states and 10 jurisdictions to improve service systems and outcomes for children and families.*

**Network of Care**

<http://www.networkofcare.org>

**Parents Helping Parents (PHP)**

<http://www.php.com>

## STATE

### **Association of Regional Center Agencies**

<http://www.arcanet.org>

### **California Department of Developmental Services (DDS)**

P. O. Box 944202

Sacramento, CA 94244-2020

(916) 654-1690 (general information)

TTY: (916) 654-2054

<http://www.dds.ca.gov>

### **California Department of Developmental Services:**

#### **Health and Safety Resources for Individuals with Developmental Disabilities-SafetyNet**

<http://www.ddssafety.net>

*Health and safety information for Californians with developmental disabilities provided by the California Department of Developmental Services.*

### **California Department of Developmental Services-Individual Program Plan (IPP)**

[www.dds.ca.gov/Publications/docs/Person\\_Ctrd\\_Planning.pdf](http://www.dds.ca.gov/Publications/docs/Person_Ctrd_Planning.pdf) and

<http://areaboard9.net/wp-content/uploads/2010/08/Preparing-for-your-IPP2.pdf>

*Assists persons with developmental disabilities and their families to build supports and capabilities. It is a series of discussions among a team of relevant stakeholders (e.g. person with developmental disabilities, family members, and regional center representatives).*

### **California Department of Developmental Services: Summary of Budget Reductions**

<http://www.dds.ca.gov/Director/BudgetReductionSummary.cfm>

### **California Department of Education-Special Education Resources**

<http://www.cde.ca.gov/sp/se>

### **California Department of Rehabilitation Mailing Address:**

P.O. Box 944222

Sacramento, CA 94244-2220

### **Physical Address:**

721 Capitol Mall

Sacramento, CA 95814

(916) 324-1313 (VOICE)

(916) 558-5807 (TTY)

Email: [ExternalAffairs@dor.ca.gov](mailto:ExternalAffairs@dor.ca.gov)

<http://www.rehab.cahwnet.gov>

### **California Department of Rehabilitation Developmental Disabilities Resources for Healthcare Providers**

<http://www.ddhealthinfo.org>

### **California State Council on Developmental Disabilities**

<http://www.scdd.ca.gov>

### **Mailing Address:**

P.O. Box 944222

Sacramento, CA 94244-2220

(916) 324-1313 (VOICE)

Email: [ExternalAffairs@dor.ca.gov](mailto:ExternalAffairs@dor.ca.gov)

<http://www.rehab.cahwnet.gov>

*Assists California residents with disabilities obtain and retain employment and maximize their ability to live independently in their communities.*

### **Early Start**

<http://www.dds.ca.gov/EarlyStart/Home.cfm>

### **Lanterman Act and related laws**

[http://www.dds.ca.gov/Statutes/Statutes\\_Home.cfm](http://www.dds.ca.gov/Statutes/Statutes_Home.cfm)

### **Official California Legislative Information**

<http://www.leginfo.ca.gov>

### **Social Security Administration (SSA) Disability Benefits**

<http://www.ssa.gov/pgm/disability.htm>

### **Youth Organizing! (YO!) Disabled and Proud Information Line**

1234 H Street, Suite 100

Sacramento, CA 95184

(866) 296-9753

(800) 900-0706 (TDD TOLL-FREE)

<http://www.YOdisabledproud.org>

*Toll-free information line that provides information, resources, and opportunities for Youth with disabilities*

## LOCAL

**Local Office for Los Angeles:  
State Council for Developmental  
Disabilities Area Board 10**  
411 N. Central, Ste. 620  
Glendale, CA 91203  
(818) 543-4631

**Department of Rehabilitation  
Los Angeles County West**  
6125 Washington Blvd., Ste. 200  
Culver City, CA 90232-7458  
(310) 559-6140 (Voice)

**Department of Rehabilitation  
Los Angeles South Bay District**  
4300 Long Beach Blvd., Ste. 200  
Long Beach, CA 90807-2008  
(562) 422-8325 (Voice)  
(562) 422-9276 (TTY)

**Department of Rehabilitation  
Bay Cities Branch (530-01)**  
15901 Hawthorne Blvd., Ste. 110  
Lawndale, CA 90260-2656  
(310) 793-1157 (Voice)  
(310) 793-8610 (TTY)

**Department of Rehabilitation  
Pacific Gateway Branch (530-03)**  
1149 West 190th Street, Ste. 2200  
Gardena, CA 90248-4333  
(310) 217-6955 (Voice)

**Department of Rehabilitation  
Van Nuys / Foothill District Office  
(410-00)**  
5900 Sepulveda Blvd., Ste. 240  
Van Nuys, CA 91411-2511  
(818) 901-5024 (Voice)  
(818) 901-5086 (TTY)  
(818) 901-5085 (TTY)  
(818) 901-4509 (TTY)

**Department of Rehabilitation  
Glendale Branch (410-04)**  
425 W. Broadway, Ste. 200  
Glendale, CA 91204-1210  
(818) 551-2141 (Voice)

**Department of Rehabilitation  
Santa Clarita Branch (410-08)**  
23838 Valencia Blvd., Ste. 303  
Santa Clarita, CA 91355-5319  
(661) 799-1020 (Voice)  
(661) 799-1024 (TTY)

**Department of Rehabilitation  
West Valley Branch (410-01)**  
6800 Owensmouth Ave., Ste. 100  
Canoga Park, CA 91303-2098  
(818) 596-4302 (Voice)  
(818) 596-0196 (TTY)

**Disabled Resources Center**  
2750 East Spring Street, Ste. 100  
Long Beach, CA 90806  
(562) 427-1000 (Voice)  
(562) 427-1366 TTY  
(562) 427-2027 (fax)  
<http://www.drcinc.org>  
*Provides resources such as: advocacy,  
housing, employment, personal assistance,  
benefits information*

**Easter Seals of Southern California**  
1801 E. Edinger Ave., Ste. 190  
Santa Ana, CA 92705  
(714) 834-1111  
(714) 834-1128 (fax)  
<http://southerncal.easterseals.com>  
*Services, education, outreach, and advocacy so  
that people living with autism and other  
disabilities can live, learn, work and play in their  
communities. Programs include: Adult Day  
Services, Residential Services, Employment  
Services, Work First, Senior Services, Camp,  
Individual and Family Support Services*

**Independent Living Center of Southern  
California  
Administration Office:**  
14407 Gilmore St., Ste. 101  
Van Nuys, CA 91401  
(818) 785-6934  
(818) 785-7097  
Email: [ilcsc@ilcsc.org](mailto:ilcsc@ilcsc.org)  
<http://www.ilcsc.org>

**Independent Living Center of Southern California**

**Darrell McDaniel Service Office**

14354 Haynes St.  
Van Nuys, CA 91401  
(818) 988-9525 (voice)  
(818) 988.3533 (TTY)  
(818) 782-2857 (After Hours Messages)  
Email: [ilcscserv@ilcsc.org](mailto:ilcscserv@ilcsc.org)

**Independent Living Center of Southern California**

**Lancaster Service Office**

1505 West Avenue J., Ste. 102  
Lancaster, CA 93534  
(661) 942.9726  
(661) 723.2509 (TTY)  
Email: [ilcscslanc@ilcsc.org](mailto:ilcscslanc@ilcsc.org)

**Independent Living Center of Southern California**

**Training House**

14151 Haynes St.  
Van Nuys, CA 91401  
(818) 908-1199 ((voice)  
(818) 908-9574 (TTY)  
Email: [ilcsctrnhs@ilcsc.org](mailto:ilcsctrnhs@ilcsc.org)

**Independent Living Center of Southern California**

**Client Assistance Program (CAP)**

14407 Gilmore St., Ste.101  
Van Nuys, CA 91401  
(818) 785-6934 or  
(800) 524-5272  
(818) 785-7097 (TTY)  
Email: [ilcsccap@ilcsc.org](mailto:ilcsccap@ilcsc.org)

## **University Centers for Excellence in Developmental Disabilities**

**Association of University Centers on Disabilities**

1010 Wayne Avenue, Ste. 920  
Silver Spring, MD 20910  
(301) 588-8252  
Email: [aucdinfo@aucd.org](mailto:aucdinfo@aucd.org)  
<http://www.aucd.org>  
*A network of interdisciplinary centers advancing policy and practice for and with individuals with developmental and other disabilities, their families, and communities*

**Tarjan Center**

**University of California, Los Angeles**

Semel Institute  
760 Westwood Plaza, Ste. 67-467  
Los Angeles, CA 90095-6967  
(310) 825 0170  
<http://www.semel.ucla.edu/tarjan>  
*Clinical and mental health services for individuals with disabilities; resource center and education forums; training programs; arts and volunteerism advocacy and policy work; PEDALS Project*

**USC Center for Excellence in Developmental Disabilities (UCEDD)  
Children's Hospital Los Angeles**

4650 Sunset Blvd., Ste. 53  
Los Angeles, CA 90027-6062 or  
3250 Wilshire Blvd, Ste. 500  
Los Angeles, CA 90010  
(323) 361-2300  
(323) 953-0439 (fax)  
<http://www.uscucedd.org>  
*Clinical Services, Mental Health; Diagnosis and Evaluation; Behavioral Pediatrics; Community Mental Health; HEALS Program; Learning Abilities Program*

# **Additional Family Support Resources for Individuals with Developmental Disabilities**

## **Community Parent Resource Centers**

### **Fiesta Educativa**

163 S. Avenue 24, Ste. 201

Los Angeles, CA 90031

(323) 221-6696

(323) 221-6699

Email: [info@fiestaeducativa.org](mailto:info@fiestaeducativa.org)

<http://www.fiestaeducativa.org>

*This resource center was founded to inform and assist Latino families in obtaining services and in caring for the children with special needs. Some services and programs include: conferences, and development of parent support groups; community outreach; educational and training workshops; referral services; research; special needs advocacy; leadership development and promotion of public awareness about social service programs and policies.*

## **Parent Training and Information Centers**

### **Chinese Parents Association for the Disabled (CPAD)**

(626) 307-3837

Email: [cpad@jackstorm.net](mailto:cpad@jackstorm.net)

### **TASK (Team of Advocates for Kids)**

(866) 828-8275

Email: [taskca@yahoo.com](mailto:taskca@yahoo.com)

<http://www.taskca.org>

## **Other Education Resources**

### **Office of Special Education Programs (OSEP)**

[www2.ed.gov/about/offices/list/osers/osep/index.html?src=mr](http://www2.ed.gov/about/offices/list/osers/osep/index.html?src=mr)

### **Wrights Law**

<http://www.wrightslaw.com>

*School-based services information*



## **Mental Health Resources**



## FEDERAL GOVERNMENT

**CDC Mental Health Work Group**  
<http://www.cdc.gov/mentalhealth>

**National Institute of Mental Health**  
<http://www.nimh.nih.gov>

**The National Women's Health Information Center: The U.S. Department of Health and Human Services, Office on Women's Health**  
<http://www.womenshealth.gov/mental-health>

**The Substance Abuse and Mental Health Services Administration**  
<http://www.samhsa.gov>

## NATIONAL

**American Academy of Child and Adolescent Psychiatry**  
<http://www.aacap.org>

**American Psychiatric Association**  
<http://www.psych.org>

**American Psychiatric Nurses Association (APNA)**  
<http://www.apna.org>

**Mental Health America/ National Mental Health Association**  
<http://www.nmha.org>

**National Alliance on Mental Illness (NAMI)**  
3803 N. Fairfax Dr., Suite 100  
Arlington, VA 22203  
(703) 524-7600  
(703) 524-9094 (fax)  
(888) 999-NAMI (6264) (Member Services)  
<http://www.nami.org>

**The National Institute on Drug Abuse (NIDA)**  
<http://www.nida.nih.gov/NIDAHome.html>

## STATE

**California Association of Mental Health Patients' Rights Advocates**  
<http://camhpra.org>

**California Board of Psychology**  
<http://www.psychboard.ca.gov>

**California Department of Mental Health**  
<http://www.dmh.ca.gov>

**California Department of Mental Health, Child Health & Disability Prevention Program (CHDP)**  
<http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx>  
(800) 993-2437

**California Institute of Mental Health**  
2125 19th Street, 2nd Flr.  
Sacramento, CA 95818  
(916) 556-3480  
(916) 446-4519 (fax)  
<http://www.cimh.org>  
*The mission of CIMH is to promote excellence in mental health services through training, technical assistance, research, and policy development.*

**The California Mental Health Directors Association (CMHDA)**

**CMHDA Headquarters**

2125 19th Street, 2nd Flr.

Sacramento, CA 95818

(916) 556-3477

(916) 446-4519 (fax)

<http://www.cmhda.org/go>

*The California Mental Health Directors Association (CMHDA) is a nonprofit advocacy association representing the mental health directors from each of California's 58 counties*

**California Network of Mental Health Clients**

<http://www.cnmhdc.org>

**California Psychiatric Association**

<http://www.calpsych.org>

**Mental Health Association in California**

1127 11th Street, Ste. 925

Sacramento, CA 95814

(916) 557-1167

(916) 447-2350

<http://www.mhac.org>

**Mental Health Services, Inc.**

9465 Farnham St.

San Diego, CA 92123

(858) 573-2600

(858) 573-2602 (Fax)

Email: [contact@mhsinc.org](mailto:contact@mhsinc.org)

<http://www.mhsinc.org>

***E-mail for expert advice or referrals***

***regarding Mental Health Systems' Divisions:***

**Mental Health Division:**

Email: [ldonnelly@mhsinc.org](mailto:ldonnelly@mhsinc.org)

**Alcohol & Drug Services**

Email: [kmurphy@mhsinc.org](mailto:kmurphy@mhsinc.org)

**Corrections & Rehabilitation:**

Email: [asepulveda@mhsinc.org](mailto:asepulveda@mhsinc.org)

**Professional Development:**

Email: [escally@mhsinc.org](mailto:escally@mhsinc.org)

**NAMI California**

1010 Hurley Way, Ste. 195

Sacramento, CA 95825

(916) 567-0163

(916) 567-1757 (fax)

Email: [support@namicalifornia.org](mailto:support@namicalifornia.org)

<http://www.namicalifornia.org>

**LOCAL**

**Los Angeles Behavioral Health Network of Care, Emergency Services**

**Psychiatric Mobile Response Teams:**

\* *Psychiatric Mobile Response Teams (PMRT)*

\* *Law Enforcement Teams*

\* *Psychiatric Emergency Teams (PET)*

\* *Homeless Outreach Teams (HOT)*

\* *Emergency Response Teams (ERT)*

(800) 854-7771 (ACCESS)

(562) 651-2549 (TTY for Hearing Impaired)

<http://www.losangeles.networkofcare.org/mh/emergency.cfm>

**Los Angeles County Department of Mental Health**

**Administrative Headquarters**

550 S. Vermont Ave., 12th Flr.

Los Angeles, CA 90020

(213) 738-4601

<http://dmh.lacounty.gov>

**Los Angeles County Department of Mental Health Full Service Partnerships (FSP)**

**Referrals for Children (0-15)**

**Contact: Carolyn Libao Kaneko, LCSW**

(310) 268-2515

**Los Angeles County Department of Mental Health FSP Referrals for Transition Age Youth**

**Contact: Gwendolyn Davis, LCSW**

Department of Mental Health

Transition Age Youth Division

(310) 268-2564

Email: [gdavis@dmh.lacounty.gov](mailto:gdavis@dmh.lacounty.gov)

**Los Angeles County Department of Mental Health FSP Referrals for Adults and Older Adults**

**Contact: J.E. "Sandy" Mills, M.Div, MA, CAADC, MAC**

(310) 268-2511

**Mental Health America of Los Angeles**

100 W. Broadway, Ste. 5010

Long Beach, CA 90802-2310

(888) 242-2522, x225

<http://www.mhala.org>

*Advocates for and educates the public about the care and treatment of people with mental illness. Provides referrals.*

**Southern California Psychiatric Society**

<http://www.socalpsych.org>

# **Additional Resources**



# Advocacy and Legal Rights

## STATE

### **California Department of Fair Employment and Housing (DFEH)**

2014 T Street, Ste. 210  
Sacramento, CA 95814

(916) 227-2873

(916) 227-2870 (fax)

(916) 227-2895 (TDD)

*The Department is the administering agency for California's civil rights laws. These laws prohibit discrimination in employment, housing, services, and public accommodations on the basis of race, religious creed, color, national origin, ancestry, medical condition, marital status, sex, age, or physical disability, and denial of family care leave.*

### **California Department of Rehabilitation: Client Assistance Program (CAP)**

(800) 952-5544 (Voice)

(866) 712-1085 (TTY)

<http://www.rehab.cahwnet.gov/cap>

*For clients receiving services from the CA Department of Rehabilitation and need assistance from a CAP advocate to pursue legal, administrative or other appropriate remedies to ensure the protection of your rights and to facilitate access to appropriate services.*

### **Disability Rights of California**

(800) 776-5748

<http://www.disabilityrightscalifornia.org>

## LOCAL

### **Center for Health Care Rights**

(LA County only)

520 S. La Fayette Park Place, Ste. 214

Los Angeles, CA 90057

(213) 383-4519

(800) 824-0780 (toll-free)

*Provides free information and community education for assistance with Medicare.*

### **LA County Dept. of Mental Health Patients' Rights Office –**

550 South Vermont Ave., 6th Floor

Los Angeles, CA 90020

(213) 738-4888

(800) 700-9996 (toll free)

*Patients' Rights Advocates assist mental health clients with resolving problems, about their hospital, non-hospital, residential and jail mental health services. Advocates also represent mental health clients at involuntary detention and medication capacity hearings when they are involuntarily hospitalized.*

### **Mental Health Advocacy Services**

1336 Wilshire Blvd., 2nd Floor

Los Angeles, CA 90017

(213) 389-2077

*Provides free legal advocacy services to mentally and developmentally disabled individuals. Jointly sponsored by the LA County and Beverly Hills Bar Associations and the Mental Health Association.*

### **Public Counsel Law Center**

(213) 385-2977

<http://www.publiccounsel.org>

*Provides free legal and social services to low-income people throughout LA County. The Children's Rights Project provides free legal and advocacy services on behalf of children and youth, including those with disabilities navigate the services to which they are entitled.*

### **Special Needs Network, Inc.**

3530 Wilshire Blvd., Ste. 1670

(213) 389-7100

(213)-389-7112 (fax)

Email: [info@specialneedsnetwork.net](mailto:info@specialneedsnetwork.net)

<http://specialneedsnetwork.net>

*The mission of SNN is to raise public awareness of developmental disabilities and to impact public policy, while providing education and resources to families, children and adults.*

## GENERAL

### **Area Board 10**

<http://www.areaboard10.org/index.asp>

### **DREDF - Disability Rights Education and Defense Fund**

<http://www.dredf.org>

### **FVCA-Family Voices of California**

<http://www.familyvoicesofca.org/about2.html>

### **Partners in Policymaking**

<http://www.partnersinpolicymaking.com/index.html>

### **TASK Team of Advocates for Special Kids**

<http://www.TaskCA.org>

### **Wrights Law-Special Education Law**

<http://www.wrightslaw.com>

## LAWS AND REGULATIONS

### **AB3632 - Mental Health Services through the School**

<http://www.disabilityrightscalifornia.org/OPR/Empowerment/ER08.pdf>

### **ADA: Americans with Disabilities Act of 1990**

<http://www.ada.gov/pubs/ada.htm>

### **A Guide to Disability Rights Law (ADA, IDEA< Section 504, etc.)**

<http://www.ada.gov/cguide.htm>

### **IDEA: Individuals with Disabilities Education Act:**

<http://idea.ed.gov>

#### **(Quick Summary):**

<http://www.help4adhd.org/en/education/rights/idea>

### **Lanterman Act**

#### **(Created and governs the State's 21 Regional Centers)**

[http://www.dds.ca.gov/ConsumerCorner/docs/LA\\_Guide.pdf](http://www.dds.ca.gov/ConsumerCorner/docs/LA_Guide.pdf)

### **No Child Left Behind Act**

<http://www.ed.gov/nclb/landing.jhtml>

### **Section 504 of the Rehabilitation Act of 1973**

<http://www.ed.gov/about/offices/list/ocr/504faq.html>

### **Special Education & the Individualized Education Program**

<http://www.ed.gov/parents/needs/speced/iepguide/index.html>

## ADVOCACY AGENCIES

### **Education Advocacy Project**

<http://www.DisabilityRightsLegalCenter.org>

### **Learning Rights Law Center**

<http://www.learningrights.org>

### **Office of Client's Rights Advocacy (OCRA)**

<http://www.pai-ca.org/ocra>

### **People First of California**

<http://www.peoplefirstca.org/index.htm>



# Community and Social Service Resources

## CHILDREN, ADOLESCENTS, AND TRANSITION-AGE YOUTH

**Department of Child and Family Services in Los Angeles County**  
<http://dcfs.co.la.ca.us>

**Early Head Start**  
<http://www.ehsnrc.org>

**First 5 California  
California Children and Families Commission**  
2389 Gateway Oaks Drive, Suite 260  
Sacramento, CA 95833  
(916) 263-1050  
(916) 263-1360 (fax)  
Email: [info@ccfc.ca.gov](mailto:info@ccfc.ca.gov)  
<http://www.ccfc.ca.gov>

*Dedicated to improving the lives of California's young children and their families through a comprehensive system of education, health services, childcare, and other crucial programs.*

**First 5 LA**  
(888) FIRST5-LA (First 5 LA Parent Helpline)  
<http://www.first5la.org>

**LA Medical Home Project**  
5000 W. Sunset Blvd., Suite 510  
Los Angeles, CA 90027  
(323) 913-4400  
*Provides assistance and information regarding resources for medical home care for children with special care needs.*

## ADULTS

**Adult/Protective Services**  
Los Angeles Community & Senior Services  
(877) 477-3646

## GENERAL

**A Community of Friends**  
3345 Wilshire Boulevard, Ste. 1000  
Los Angeles, CA 90010  
(213) 480-0809  
(213) 480-1788  
*A nonprofit affordable housing developer for people with special needs. Their mission is to end homelessness through the provision of quality permanent supportive housing for people with mental illness.*

**California Department of Social Services  
Public Inquiry and Response Bureau**  
P.O. Box 944243  
MS 6-23  
Sacramento, CA 95814  
(800) 952-5253  
<http://www.dss.cahwnet.gov>

**Department of Public Social Services (DPSS)**  
(888) 747-1222  
<http://www.ladpss.org>  
*Provides assistance with food, housing, & health care to low income individuals*

**Info line (Information and Referral Federation of Los Angeles County)  
Dial 211 (for LA County residents)**  
<http://www.infoline-la.org>

**Long-Term Care Ombudsman Program**  
(818) 881-6460 (San Fernando Valley)  
(661) 945-5563 (Antelope Valley)

**Social Security Administration (SSA)**  
<http://www.ssa.gov/sf>

# Corrections and Probation Resources

## NATIONAL

### **U.S. Dept. of Justice (ADA Unit/Civil Rights Division)**

(800) 514-0301

<http://www.ada.gov>

*Provides answers to general and technical questions regarding the Americans with Disabilities Act*

### **US Department of Juvenile Justice and Delinquency Prevention**

<http://www.ojjdp.gov>

## STATE

### **California Department of Corrections and Rehabilitation**

<http://www.cdcr.ca.gov>

## LOCAL

### **Los Angeles County Department of Probation**

#### **Probation Information Center (PIC)**

9150 E. Imperial Highway

Downey, CA 90242

(866) 931-2222 (toll-free)

(818) 374-6635

Email: [pic@probation.lacounty.gov](mailto:pic@probation.lacounty.gov)

<http://probation.co.la.ca.us>

*The Department serves all the municipal and superior courts of the County. Its services to the community include recommending sanctions to the court, enforcing court orders, operating correctional institutions, incarcerating delinquents, assisting victims and providing corrective assistance to individuals in conflict with the law.*

### **LA County Twin Towers Correctional Facility**

#### **Bobby Vargas**

Law Enforcement Liaison

450 Bauchet St.

Los Angeles CA 90012

(213) 687-8727

(213) 404-8900 (fax)

Email: [bobbyv@sclarc.org](mailto:bobbyv@sclarc.org)

### **Juvenile Mental Health Court (JMHC) – Special Needs Court**

9150 E. Imperial Highway

Downey, CA 90242

(866) 931-2222 (toll free)

(818) 374-6635

M - F 8:00 A.M. to 5:00 P.M.

Email: [pic@probation.lacounty.gov](mailto:pic@probation.lacounty.gov)

<http://probation.lacounty.gov/about/jfsb.asp>

*JMHC is designated to initiate a comprehensive, judicially monitored program of individualized mental health treatment and rehabilitation services for minors who suffer from diagnosed mental illness (Axis I), organic brain impairment or developmental disabilities.*

# Education Resources

## STATE

### **California Department of Education: Family Involvement & Partnerships**

1430 N Street

Sacramento, CA 95814

**Contact: Barbara McDonald**

(916) 327-3536

Email: [bmcdonal@cde.ca.gov](mailto:bmcdonal@cde.ca.gov)

<http://www.cde.ca.gov/sp/se/fp>

*Resources and support for parents, guardians, and families of children with disabilities.*

## LOCAL

### **L. A. County Office of Education**

9300 East Imperial Highway

Downey, CA 90242

(562) 922-6111

#### **Dr. Darline P. Robles**

Superintendent

(562) 922-6127

#### **Gerald (Gerry) Riley**

Asst. Supt., Educational Programs

(562) 803-8301

#### **Kim Hopko**

Director of Special Education

(562) 803-8306

#### **Dr. Marsha Schultz**

Imperial PAU Principal

(562) 536-9112

#### **Beth Lippes-Inabinet**

Speech-Language Pathology Services

(562) 546-1834 x223

# **Los Angeles Unified School District (LAUSD)**

## **Division of Special Education**

### **Senior Deputy Superintendent Educational Services**

333 South Beaudry Avenue, 24th Floor  
Los Angeles, CA 90017  
(213) 241-7001  
(213) 241-8967 (fax)

### **Division of Special Education**

333 South Beaudry Avenue, 16th & 17th Floors  
Los Angeles, CA 90017  
(213) 241-6701  
(213) 241-8915 (fax)  
<http://sped.lausd.net>

#### **Adapted Physical Education**

(213) 241-8052

#### **Assistive Technology**

(213) 241-8055

#### **Autism Program Support**

(213) 241-8051

#### **Charter/Private Schools**

(213) 241-6701

#### **Compliance**

(213) 241-3335

#### **Complaint Response Unit/Parent Resource Network**

(800) 933-8133

#### **Deaf/Hard of Hearing**

(213) 241-8053

#### **Emotional Disturbance Program Support**

(213) 241-8051

#### **Home/Hospital Program (Carlson School)**

(818) 509-8759

#### **Infant/Preschool**

(213) 241-4713

#### **Instructional Initiatives/LRE Support**

(213) 241-8051

#### **Least Restrictive Environment/ Behavior/Support**

(213) 241-8051

#### **Least Restrictive Environment Mild/Moderate**

(213) 241-8051

#### **Least Restrictive Environment Moderate/Severe**

(213) 241-8051

#### **Local Plan/ Policies Development**

(213) 241-6701

#### **Nonpublic Services**

(213) 241-3373

#### **Occupational/Physical Therapy**

(213) 241-8054

#### **Orthopedic/Low Incidence Programs**

(213) 241-8051

#### **Related Services**

(213) 241-3325

#### **Speech and Language**

(213) 241-3333

#### **Transition Services**

(213) 241-8050

#### **Visually Impaired Program (Blend School)**

(323) 464-5052

# Health Care Resources

## General Health Information

### California Child Services

<http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>

### California Department of Health Care Services

<http://www.dhcs.ca.gov>

### California Department of Public Health

<http://www.cdph.ca.gov>

### Centers for Disease Control and Prevention

<http://www.cdc.gov>

### National Institutes of Health

<http://health.nih.gov>

### United States Department of Health & Human Services

<http://www.hhs.gov>

## Health Care Financing

### California State Department of Managed Health Care

(888) 466-2219

(916) 255-5241 (fax)

(877) 688-9891 (TDD)

<http://www.dmhca.ca.gov>

*Provides Health Care Help & Information for under the managed care, HMOs, PPOs including: Benefits & Rights, Tips to Get the Care You Need, Problems & Complaints, and how to contact Health Plan to file a complaint, grievance or an appeal.*

### California Healthy Families Program

(800) 880-5305

<http://www.healthyfamilies.ca.gov>

*Federal subsidized health insurance program for the provision of comprehensive health services to low income families (including medical, dental and vision care) with children ages birth through 19.*

### Children's Health Insurance Program (CHIP)

<http://www.cms.gov/home/chip.asp>

*Title XXI of the Social Security Act and is a state and federal partnership that targets uninsured children and pregnant women in families with incomes too high to qualify for most state Medicaid programs, but often too low to afford private coverage.*

### Medi-Cal

(877) 597-4777

[http://www.ladpss.org/new\\_portal/dpss\\_medical.cfm](http://www.ladpss.org/new_portal/dpss_medical.cfm) or

<http://www.medi-cal.gov/default.asp>

*Free or low-cost health care coverage to persons who are elderly, disabled, and parent(s) or children up to age 21.*

### Medicare

(800) 772-1213

(800) 325-0778 (TTY/TDD)

<http://www.medicare.gov>

*National health insurance plans for people age 65 or older, those receiving Social Security Disability checks for at least 24 months, those who are blind or those who have kidney disease that requires dialysis or transplant.*

### Supplemental Security Income (SSI)

(800) 772-1213

<http://www.ssa.gov/notices/supplemental-security-income>

*Provides cash assistance and Medi-cal to low-income individuals of all ages with disabilities.*

# Substance Abuse Programs

## **Asian American Drug Abuse Program, Youth Outpatient Treatment**

13931 S. Van Ness Avenue  
Gardena, CA 90249  
(310) 768-8018

## **Asian American Drug Program, Youth Inpatient (residential) Treatment**

5825 W. Olympic Blvd.  
Los Angeles, CA 90036  
(323) 293-6284

## **Awakenings Substance Abuse Recovery for Deaf/Hard of Hearing Persons**

12322 Clearglen Avenue, Apt. 1-4  
Whittier, CA 90604  
(562) 947-3835  
(562) 947-9895 (fax)

**Services:** *Several residential and outpatient facilities; recovery planning; individual and group counseling; alcohol and drug prevention education*

## **Behavioral Health Services (BHS) Boyle Heights Family Recovery Center**

3421 E. Olympic Blvd.  
Los Angeles, CA 90023  
(323) 262-1786

## **Brotman Medical Center- Miracles Detox/Rehab Center — Individualized treatment for chemical dependency**

(310) 840-7020 (option 2)

## **Children's Hospital Los Angeles, Substance Abuse Treatment and Prevention**

5000 West Sunset Blvd., Ste. 540  
Los Angeles, CA 90027  
(323) 361-2463  
Intake: Tuesdays 8am-12pm

## **Didi Hirsch Mental Health Center Mar Vista**

12420 Venice Boulevard, Ste. 200  
Los Angeles, CA 90066  
(310) 390-8896 (intake)  
(310) 398-0312 (fax)

## **Enlightenment Chemical Dependency Program - Enlightenment Outpatient Program**

127 W. Victoria St.  
Los Angeles, CA 90248  
(310) 645-0625 (*ask for program contact*) (310) 527-7168 (fax)

E-mail: [echemical@cihssinc.org](mailto:echemical@cihssinc.org)  
<http://cihssinc.org/CIHSSSERVICES.htm>

*Designed to provide services to adult individuals with developmental disabilities who are substance abusers, to reduce problems in the area of criminal behavior and to prepare the client to lead a more meaningful, independent, sober lifestyle. Enlightenment uses treatment strategies to motivate clients to stop using drugs and alcohol and to understand the negative impact of using drugs and the positive results from a sober life.*

*\*Program currently on hold, but will resume after funding is approved. Please call for status.*

## **Los Angeles County Alcohol and Drug Program Administration Referral**

(800) 564-6000

## **Los Angeles Homeless Services Authority**

811 Wilshire Blvd., 6th Floor  
Los Angeles, CA 90017  
(213) 683.3333/ (213) 5538488 (TTY)  
(213) 892.0093 (fax)

Email: [communications@lahsa.org](mailto:communications@lahsa.org)  
<http://www.lahsa.org/populations.asp>

# Transition Resources

## STATE

### **California Department of Developmental Services: Individual Program Plan Resource Manual**

<http://www.dds.gov/RC/IPPMannual.cfm>

### **California Department of Rehabilitation**

<http://www.dor.ca.gov>

### **California Services for Technical Assistance and Training (CalSTAT)**

<http://www.calstat.org/transitionGuide.html>

*Training Modules for the Transition to Adult Living: An Information and Resource Guide*

### **Individual Program Plan (IPP)**

[www.dds.ca.gov/Publications/docs/Person\\_Ctrd\\_Planning.pdf](http://www.dds.ca.gov/Publications/docs/Person_Ctrd_Planning.pdf)

<http://areaboard9.net/wp-content/uploads/2010/08/Preparing-for-your-IPP2.pdf>

*Assists persons with developmental disabilities and their families to build supports and capabilities. It is a series of discussions among a team of relevant stakeholders (e.g. person with developmental disabilities, family members, and regional center representatives).*

## LOCAL

### **Los Angeles County Department of Mental Health Transition-Age Youth (TAY) Division**

#### **Contact Information:**

550 South Vermont Avenue, 4th Flr.

Los Angeles, CA 90020

Email: [TAY@dmh.lacounty.gov](mailto:TAY@dmh.lacounty.gov)

[http://dmh.lacounty.gov/DMHServices/youth\\_tay.html](http://dmh.lacounty.gov/DMHServices/youth_tay.html)

#### **Terri Boykins, LCSW**

District Chief

(213) 738-2408

Email: [Tboykins@dmh.lacounty.gov](mailto:Tboykins@dmh.lacounty.gov)

#### **Greta Oducayen, LCSW**

MH Program Manager

(213) 351-7737

Email: [Goducayen@dmh.lacounty.gov](mailto:Goducayen@dmh.lacounty.gov)

### **Los Angeles County Department of Mental Health TAY Navigation Program**

#### **Kimberly Hairston, LCSW**

Supervisor

(213) 738-2680

Email: [Khairston@dmh.lacounty.gov](mailto:Khairston@dmh.lacounty.gov)

#### **Diann Kaainoa, LCSW**

Supervisor

(213) 471-0406

Email: [Dkaainoa@dmh.lacounty.gov](mailto:Dkaainoa@dmh.lacounty.gov)

### **The Personal Assistance Services Council (PASC) of LA County: In-Home Support Services**

<http://www.pascla.org>

## **Educational Resources for Transition-Age Youth**

### **Disability Resources and Educational Services**

**California State University, Northridge**  
18111 Nordhoff Street, Bayramian Hall 110  
Northridge, CA 91330-8340  
Email: [dres@csun.edu](mailto:dres@csun.edu)  
<http://www.csun.edu/dres>  
(818) 677-2684  
(818) 677-4932 (fax)

### **Going to College**

<http://www.going-to-college.org>  
*Information for high school students with disabilities prepare for college*

### **Office of Civil Rights: Transition of Students with Disabilities**

**To Postsecondary Education: A Guide for High School Educators**  
<http://www2.ed.gov/about/offices/list/ocr/transitionguide.html>

### **Preparing for Post-Secondary Education**

[https://www.disability.gov/education/parent\\_resources/transition\\_planning/preparing\\_for\\_post-secondary\\_education](https://www.disability.gov/education/parent_resources/transition_planning/preparing_for_post-secondary_education)

### **Post-Secondary Education Options for Students with Developmental Disabilities**

[http://www.communityinclusion.org/article.php?article\\_id=178](http://www.communityinclusion.org/article.php?article_id=178)

### **Southwest SELPA Transition Resources**

<http://www.swselpa.org/Transition.asp>  
or  
[http://www.animopd.org/Transition\\_Resources.html](http://www.animopd.org/Transition_Resources.html)

### **UCLA Opening the Doors to College Program**

<http://www.semel.ucla.edu/tarjan/education>  
*Focuses on the access and participation of students with intellectual disabilities (ID) to California's 2-year community colleges and 4-year state colleges and universities.*

### **Yo! Disabled and Proud: Connecting, Organizing and Educating Youth with Disabilities**

<http://www.yodisabledproud.org/site/c.mfIPKROxFqG/b.4851131/k.BCE7/Home.htm>



# Other Community and Social Support Groups

**Adult Children of Alcoholics**

(310) 534-1815

**Al-Anon Family Groups**

**(for family members of alcoholics)**

(800) 356-9996

**Alcoholics Anonymous**

(310) 474-7339

**Cocaine Anonymous**

(310) 216-4444

**Incest Survivors Anonymous**

(562) 428-5599

**Marijuana Anonymous**

(800) 766-6779

**Narcotics Anonymous (Westside Area)**

(310) 390-0279

**Parents Anonymous**

(909) 621-6184

**Tough Love (local chapter)**

(310) 325-8136

# Hotlines

## **Access Information/Emergency Hotline 24 Hour Mental Health Hotline**

*Free crisis counseling, referrals to mental health service providers, mental health information – 24/7*

(800) 854-7771  
(562) 651-2549 (TDD)

## **Elder Abuse Hotline** (800) 992-1660

## **LA County Child Protection Hotline** (800) 540-4000

## **National AIDS Hotline** (800) CDC-INFO (232-4636) (800) 344-7432 (Spanish)

## **National Child Abuse Hotline** (800) 422-4453

## **Suicide Prevention Center Hotline** (877) 727-4747

## **Teen Line** (800) TLC-TEEN (6-10pm)

## Bereavement Hotlines

### **Bereavement /Grief Recovery** (800) 445-4808

### **Our House Grief Support Center** **West Los Angeles** (310) 473-1511 **Woodland Hills** (818) 222-3344

### **Self-Help and Recovery Exchange** (877) 742-7349

### **West LA – Ness Counseling Center** (310) 360-8512

## Domestic Violence Hotlines and Resources

### **1736 Family Crisis Center** (310) 370-5902

### **Center for Pacific Asian Family** (800) 339-3940

### **Haven House** (323) 681-2626

### **National Domestic Violence Hotline** (800) 799-7233

### **Neighborhood Family Center** (310) 324-0444

### **Rainbow** (310) 547-9343

### **Lotus Project** **Contact: Barbara Sultan, MFT** (310) 926-2958 Email: [lotusprojectla@hotmail.com](mailto:lotusprojectla@hotmail.com) <http://www.lotusprojectla.org> **Services:** *Trauma and recovery program for women ages 18+; arts therapy program; crisis management; education programs on domestic violence, sexual abuse*

## **Crisis and Suicide Support Services**

### **ACCESS**

*Free crisis counseling, referrals to mental health service providers, mental health information*

(800) 854-7771

### **American Suicide Foundation**

*For crisis help in a suicide situation*

(800) 531-4477

### **California Youth Crisis Hotline**

(800) 843-5200

### **Crisis Helpline**

*For any kind of crisis*

(800) 233-4357

### **Crisis Line for the Handicapped**

(800) 426-4263

### **LA County Department of Mental Health**

#### **Psychiatric Mobile Response Team**

**(PMRT)** (24 hours, 7 days/week)

(800) 854-7771

### **National Child At-Risk Hotline**

(800) 792-5200

### **National Youth Crisis Hotline**

(800) 448-4663

### **Westside Regional Center**

#### **Crisis Support Services**

(800) 685-9887



# **Glossary of Mental Health and Developmental Disabilities Terms**



# Glossary of Mental Health Terms

**5150 :** Refers to Section 5150 is a section of California's Welfare and Institutions Code (specifically, the Lanterman-Petris-Short Act or "LPS") which allows a qualified officer or clinician to involuntarily confine a person deemed a danger to himself, herself, and/or others[1] and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration. When used as a term, 5150 can informally refer to the person being confined or to the declaration itself.

**AOT:** Assisted Outpatient Treatment

**AB 3632: Mental Health Services for Special Education Pupils:** The federal Individuals with Disabilities Education Act (IDEA) ensures that children with disabilities are entitled to a free, appropriate public education in the least restrictive environment. Special education pupils may require mental health services in any of the 13 disability categories. To be eligible to receive services, they must have a current individualized education program (IEP) on file. The services must align with the child's needs as identified in the IEP and are designed so that children will benefit from their educational programs. They are free to all eligible students regardless of family income or resources.

**Access:** Access means the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability of services, cultural and language appropriateness, transportation needs, and cost of services.

**Advance Directive:** Legal documents or statements, including a living will, which are witnessed and allow an individual to convey in expressed instructions or desires concerning any aspect of an individual's health care, such as the designation of a health care surrogate, the making of an anatomical gift, or decisions about end-of-life care ahead of time. An Advance Directive provides a way for an individual to communicate wishes to family, friends and health care professionals, and to avoid confusion about end-of-life care ahead of time.

**Assessment:** Assessment means a professional review and evaluation of an individual's mental health needs and conditions, in order to determine the most appropriate course of treatment, if indicated, and may ascertain eligibility for specific entitlement or mandated programs.

**Assisted Outpatient Treatment (AOT):** Assisted outpatient treatment is sustained and intensive court-ordered treatment in the community for those most overcome by the symptoms of severe mental illness. The treatment mechanism is only used until a person is well enough to maintain his or her own treatment regimen. Serving as a bridge to recovery for those released from inpatient facilities as well as an alternative to hospitalization, assisted outpatient treatment can stop the revolving door of repeated hospitalizations, jailings, and homelessness.

**Block Grant:** In a federal system of government, a block grant is a large sum of money granted by the national government to a regional government with only general provisions as to the way it is to be spent. This can be contrasted with a categorical grant which has more strict and specific provisions on the way it is to be spent. An advantage of block grants is that they allow regional governments to experiment with different ways of spending money with the same goal in mind.

**California Institute for Mental Health (CIMH):** The mission of CIMH is to promote excellence in mental health services through training, technical assistance, research, and policy development.

**California Mental Health Director's Association (CMHDA):** CMHDA provides assistance, information, training, and advocacy to the public mental health agencies that are its members. The mission of the Association is to provide leadership, advocacy, expertise and support to California's county and city mental health programs (and their system partners) that will assist them in serving persons with serious mental illness and serious emotional disturbance.

**California Mental Health Planning Council (CMHPC):** PL 106-310 re-authorized the Community Mental Health Services Block Grant and reaffirmed the requirement that each state must have a mental health planning council in order to receive the block grant. Federal law requires the Planning Council to perform the following functions: Review the State mental health plan and the annual implementation report and submit to the State any recommendations for modification. Advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems. Monitor, review, and evaluate annually the allocation and adequacy of mental health services within the State.

**California State Association of Counties (CSAC):** The primary purpose of CSAC is to represent county government before the California Legislature, administrative agencies and the federal government. CSAC places a strong emphasis on educating the public about the value and need for county programs and services.

**CalWORKs:** California Work Opportunities and Responsibilities to Kids Act, which under California Welfare and Institutions Code Section 11200 et seq. provides for mental health supportive services to eligible welfare recipients. CalWORKs funding consists of both Federal and State funds.

**Centers for Medicare & Medicaid Services-1500:** Standard paper claim form used by a non-institutional provider or supplier to bill Medicare carriers and Medicare administrative contractors when a provider qualifies for a waiver from the Administrative Simplification Compliance Act requirement for electronic submission of claims; also used to bill Medicaid State Agencies.

**Central Authorization Unit:** Unit of managed care division in the DMH Office of the Medical Director that conducts monitoring and authorization of services. Specific service authorizations include Over Threshold Authorization, psychological testing, Day Treatment/TBS Authorization and requests for authorization of out-of-county services.

**Children's Countywide Case Management:** A division within the DMH Child, Youth and Family Programs Administration oversees a variety of Countywide administrative and service functions related to services provided to children and youth.

**Client Supportive Services:** Essential service that may not be reimbursable under Medi-Cal or other benefits programs (e.g., outreach and engagement services, housing services, employment services, transportation, etc.).

**Community Clinic:** %Community clinic+means a clinic operated by a tax-exempt nonprofit corporation that is supported in whole or in part by donations, bequests, gifts, grants, government funds, or contributions. Any charges to the patient shall be based on the patient's ability to pay, utilizing a sliding fee scale. These clinics provide essential health services to primarily uninsured and underserved men, women, and children.

**Community Outreach Service:** Services provided to the community-at-large, who include special population groups, human service agencies, and individuals and families who are not clients of the mental health system.



**Community Services and Supports (CSS):**

The Community Services and Supports Plan, in general, references planned community-based mental health services and support programs funded under the Mental Health Services Act. The plan must demonstrate community collaboration, cultural competence, client- and family-driven mental health systems and other components that support a recovery and resilience oriented system of care. The CSS plan is the first of five (5) plans that is funded through the State Department of Mental Health for the MHSA.

**Community Treatment Facility:** The specific licensing term associated with a high level residential treatment facility for youth. A CTF facility is a higher level of care than an RCL 14 facility.

**Co-occurring Disorders (COD):** %Co-occurring disorders+means two or more disorders occurring to one individual simultaneously. Clients said to have COD have more than one mental, developmental, or substance-related disorder, or a combination of such disorders. COD exists when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.

**Cultural Competency:** The practice of continuous self-assessment and community awareness by service providers to ensure a focus on the specific needs regarding linguistic, socioeconomic, educational, spiritual and ethnic experiences of consumers and their families/support systems relative to their care.

**Day Treatment Rehabilitation:** Day Rehabilitation is a structured program of therapeutic services and activities, in the context of a therapeutic milieu, designed to improve, maintain and restore personal independence and functioning consistent with age-appropriate learning and development. It provides services to a distinct group of clients. Day Rehabilitation is a packaged program with services available at least three (3) hours and less than twenty-four (24) hours each day the program is open. In Los Angeles County these services must be authorized by the Central Authorization Unit.

**Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition, Text Revision:**

Manual that is published by the American Psychiatric Association and provides diagnostic criteria and other information related to all psychiatric disorders.

**Directly Operated Facility(ies):** County mental health service delivery site that operates under the DMH's jurisdiction, and are staffed by County employees.

**Early Intervention:** %Early Intervention+means the Early Intervention element of the MHSA PEI component which is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse. (Examples: mental health consultation/with interventions in child care environments; parent-child interaction training for children with behavioral problems; anger management guidance; and socialization programs with a mental health emphasis for home-bound older adults with signs of depression).

**Early and Periodic Screening, Diagnosis, and Treatment program:** A requirement of the Title XIX of the Social Security Act, Medi-Cal program to provide comprehensive health care, providing medically necessary services to underserved Medi-Cal eligible beneficiaries less than twenty one (21) years of age.

**Emergency Outreach Bureau (EOB):** The EOB is responsible for the administration and coordination of all mobile response services. These include: Psychiatric Mobile Response Teams, DMH-Law Enforcement Teams, Homeless Outreach Teams and Emergency Response Teams.

**Emergency response team (ERT):** ERT provides on-scene consultation and crisis intervention for natural disasters, critical incidents, and terrorist acts.

**Evidence-based Practice:** Evidence-based Practice means the range of treatment and services of well-documented effectiveness. An evidence-based practice has been, or is being evaluated and meets the following criteria:

1) Has some quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalized positive public health outcomes.

2) Has been subject to expert/peer review that has determined that a particular approach or strategy has a significant level of evidence of effectiveness in public health research literature.

**First 5 California:** This program is funded by revenues under Proposition 10 and this group works to help children five and under to thrive. Programs funded through First 5 focus on building strong physical and emotional well-being. In 2003, First 5 identified children with mental health needs as a special needs target population.

**Full Service Partnerships:** Full Service Partnerships (FSPs) are a program model funded under the MHSA Community Service and Supports (CSS) Plan. In these programs, individuals and, where appropriate, their families enroll in a voluntary program designed to insure that the person(s) receiving services are provided the broad range of supports they need to accelerate their recovery and develop an on-going realization of wellness. Each enrolled individual is assigned to a single point of responsibility case manager and team with a low enough caseload to insure 24/7 availability. Services include linkages to, or provision of, all needed services or benefits as defined by the client and/or family in consultation with the case manager. Services are founded on a whatever-it-takes commitment and are judged effective by how well the individuals make progress on concrete outcomes of well-being.

**Fully Served:** Clients and their family members who receive the full spectrum of mental health services and other community services and supports needed to advance the client's recover, wellness and resilience are considered to be fully served.

**Gatekeeper:** Gatekeeper means those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk for mental health problems or suicide and refer them to treatment or supporting services as appropriate.

**Health Center:** Health center means a health center serving as a non-profit organization that provides primary and preventive health care services for uninsured and underserved populations in collaboration with other community providers.

**Healthy Families:** The federally subsidized health insurance program administered by the State of California for the provision of comprehensive health services (including medical, dental and vision care) to children ages birth through 19th birthday from low income families.

**Health Insurance Portability and Accountability Act (HIPAA):** HIPAA was enacted by the U.S. Congress in 1996. Title II of HIPAA defines numerous offenses relating to health care and sets civil and criminal penalties for them. It also creates several programs to control fraud and abuse within the health care system. However, the most significant provisions of Title II are its Administrative Simplification rules. Title II requires the Department of Health and Human Services (HHS) to draft rules aimed at increasing the efficiency of the health care system by creating standards for the use and dissemination of health care information.

**Homeless Outreach Team (HOT):** HOT is dedicated to assisting mentally ill homeless persons at risk for incarceration or involuntary psychiatric hospitalization.

**Integrated System (IS):** A custom-developed Web-based wrapper of the MHMIS developed in order to generate HIPAA-compliant claims. ISD hosts this application that runs on the Intel platform.

**Juvenile Justice Involvement:** %Juvenile Justice Involvement+means children and youth at risk of or experiencing Juvenile Justice involvement· those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).

**Lanterman-Petris-Short Act (LPS):** This Act went into effect July 1, 1972 in California. The Act in effect ended all hospital commitments by the judiciary system, except in the case of criminal sentencing (e.g. convicted sexual offenders) and those who were "gravely disabled" defined as unable to obtain food, clothing, or housing. It expanded the evaluative power of psychiatrists and created provisions and criteria for holds.

**Medi-Cal:** The Medicaid program in the State of California.

**Medical Director:** The psychiatrist who is responsible for the supervision of the psychiatric/medical service and leadership in the development and execution of clinical services provided under the DMH.

**Medical Model:** The medical model describes the approach to illness which is dominant in Western medicine. It aims to find medical treatments for diagnosed symptoms and syndromes and treats the human body as a very complex mechanism. Critics state that because mental illness cannot be diagnosed like heart disease or broken bones with ancillary tests that it contradicts the medical model of diagnosis and treatment. In addition, this model focuses on the disease and the treatment course is determined by the diagnosis.

**Medical Necessity:** Medical Necessity is a United States legal doctrine, related to activities which may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care. Medicare uses medical necessity as a way to determine if consumers should pay for goods or services. Medical necessity is used by mental health consumers to claim eligibility for Medicare.

**Medicare:** A health insurance program administered by the United States government, covering people who are either age 65 and over, or who meet other special criteria, such as a disabling illness (i.e. severe mental illness). It was originally signed into law on July 30, 1965 by President Lyndon B. Johnson as amendments to Social Security legislation.

**Mental Health Commission:** State law requires that each county have a Mental Health Board or Commission. Members are appointed by the Board of Supervisors for three-year terms. Those terms may be extended. Commissioners advise the Board of Supervisors and the Director of Mental Health on various aspects of local mental health programs.

**Mental Health Disorder:** %Mental Health Disorder+means a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.

**Mental Health Services Act (MHSA):** The MHSA, adopted by the California electorate on November 2, 2004 creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and county agencies and requires the development of integrated plans for prevention, innovation, and system of care services.

**National Alliance on Mental Illness (NAMI):** NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness, a national organization including NAMI organizations in every state and in over 1100 local communities across the country who join together to meet the NAMI mission through advocacy, research, support, and education. There is also a California chapter of NAMI known as CAMI.

**Office of Family Advocate (OFA):** The OFA addresses the needs of families as they seek to secure mental health services for their loved ones. OFA often works in collaboration with NAMI and has specifically done outreach to Spanish speaking families in LA County.

**Onset:** Onset means the beginning of a serious psychiatric illness that can be diagnosed by the DSM IV. In this respect, onset can include the onset of depression in an older adult or a new mother experiencing the onset of post-partum depression. Onset can apply to any psychiatric illness. Individuals may experience onset of a serious psychiatric illness a number of times.

**Patient's Rights Office:** The Patients' Rights Office of the Los Angeles County Department of Mental Health was created in response to legislation requiring each county mental health director to appoint a patients' rights advocate(s) to protect and further the Constitutional and statutory rights of mental health care recipients. Some of the duties of this office include; investigation of complaints, representation of patients at certification review and medication capacity hearings, beneficiary services program, residential care advocacy, minors' rights program, jail advocacy program, LPS designation functions, training and consultation, monitoring Electroconvulsive treatment (ECT), data collection, legislative interaction, missing person locator and peer advocacy program.

**Peer to Peer:** Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. The course was written by Kathryn Cohan McNulty, a person with a psychiatric disability who is also a former provider and manager in the mental health field and a longtime mutual support group member and facilitator. The program is offered through NAMI.

**PET:** PET is the psychiatric evaluation team. PET responds to calls to evaluate whether someone needs to be hospitalized. This term is not used as much in DMH anymore because the LA police department and the sheriff's department have their own names for these teams (SMART).

**Priority Population:** Priority Population means a specific group of individuals defined by the OAC as a population who should receive priority consideration by counties when determining who will receive PEI services. Priority populations include:

- Underserved Cultural Populations
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children and Youth in Stressed Families
- Trauma-Exposed Individuals
- Children and Youth at Risk for School Failure
- Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

**Proposition 63 (Prop. 63):** Prop 63 is the ballot initiative which passed in November 2004, and became the Mental Health Services Act.

**Psychiatric Health Facility (PHF):** A health facility licensed by the State Department of Mental Health, that provides 24 hour acute inpatient care on either a voluntary or involuntary basis to mentally ill persons. This care shall include, but not be limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings.

**Psychiatric Mobile Response Team**

**(PMRT):** A field-based, directly-operated service delivery programs that provides evaluations and interventions (including the initiation of an involuntary psychiatric hold, if indicated) of clients experiencing a psychiatric crisis in the community. These programs operate under the DMH Emergency Outreach Bureau. Similar field based programs (MET, SMART, HOPE) pair DMH staff with local law enforcement agencies.

**Recovery:** Recovery is a goal for mental health care, in which consumers are able to self-direct their lives in a positive manner outside of a mental health system. Recovery will be individualized for every person.

**Referral:** %Referral+means the process of sending an individual from one practitioner to another for health care, mental health or other services and supports.

**SAMHSA: Substance Abuse and Mental Health Services Administration.** Federal agency which administers various programs related to SAMHSA within DMH. SAMHSA also refers to block grant funding received from SAMHSA to pay for certain services.

**Screening:** %Screening+means a process used to identify individuals with an increased risk of having mental health disorders that warrant immediate attention, intervention, or more comprehensive review.

**Serious Mental Illness or Disorder:**

%Serious Mental Illness or Disorder+means a mental disorder that is severe in degree and persistent in duration and that may cause behavioral disorder or impair functioning so as to interfere substantially with activities of daily living. Serious mental disorders include schizophrenia, major affective disorders, and other severely disabling mental disorders.

**Short-Doyle/Medi-Cal (SD/MC):** The Federal Medicaid program in California that provides reimbursement for County mental health services to Medi-Cal eligible individuals.

**Sliding fee schedule:** The charge for services based upon the income and family size of the individual or family requesting services.

**State of California Department of Mental Health (SDMH):** Provides oversight of the state public mental health budget, which includes local assistance funding. SDMH responsibilities include providing leadership for local county mental health departments, evaluating and monitoring public mental health programs, administering federal funds for mental health programs and services, and implementing of the Mental Health Services Act (Proposition 63).

**SMART: SMART is the Los Angeles City Police Department System-wide Mental Assessment Response Team.** This team responds to 911 or other calls requesting help with psychotic, suicidal or homicidal persons. They are authorized to hospitalize people against their will if they are too ill for outpatient treatment.

**SMI:** SMI stands for severely mentally ill. SMI can be severe and persistent but people can recover from it. SMI includes mental, behavioral and emotional disorders. SMI symptoms cause functional impairment and/or substantially interfere with or limit one or more major life activities. This term applies only to adults.

**Transitioned Age Youth:** This term applies to youth and young adults between the age 16 and 25. This age group became a focus of treatment in the MHSA.

**Wraparound:** The process of providing individualized, comprehensive, community-based services and supports to children and youth with serious emotional and/or behavioral disturbances so they can be reunited and/or remain with their families and communities. Wraparound helps families develop an effective support network, increase their competence and teaches them new skills for managing the special needs of their child. Wraparound is one of the effective services that children's MHSA-funded programs are built upon.

**Source: Los Angeles County Department of Mental Health**



# Glossary of Developmental Disabilities Terms

**AAIDD: American Association on Intellectual and Developmental Disabilities:** National professional organization of people in the field of Intellectual and Developmental Disabilities. Publishes several journals.

**AB:** Assembly Bill of the California Legislature. Bills are numbered for identification, e.g., AB3804.

**Adaptive Behavior:** Adjustments an individual has made to function independently at home and in the community. The objective often is to conform to norms of personal behavior.

**Advocate:** A person who supports and represents the rights and interests of another individual in order to ensure the individual's full legal rights and access to services. The advocate can be a friend, a relative, a Counselor, or any other interested person.

**AFDC: Aid to Families with Dependent Children.** An income maintenance program of the Department of Social Services.

**ARC: For people with intellectual and developmental disabilities.** The national organization for parents of children with intellectual and developmental disabilities.

**ARCA: Association of Regional Center Agencies.** State association for the 21 regional centers. ARCA represents regional centers on statewide policy and contractual and fiscal issues. ARCA also provides a forum for information exchange and education among the centers.

**Area Board:** One of 13 agencies in the state that oversees plans for people with developmental disabilities. Duties include advocacy and monitoring of programs. Westside clients can get help from Area Board X.

**Assessment:** The process to determine whether, and to what degree, an individual has developmental deficits. An assessment identifies the individual's strengths, abilities, needs, and developmental level.

**Behavior Management:** Techniques designed to influence existing behavior in some predetermined manner. Usually involves replacing maladaptive or problem behaviors with behaviors that are adaptive and appropriate.

**CCS: California Children's Services:** Provides specialized medical and rehabilitation services for physically disabled children with certain conditions. The program is financed by federal, state, and county taxes, and supplemented by family repayments when indicated.

**CDER: Client Development Evaluation Report.** An assessment during the intake process and at progress reviews to determine developmental and functional levels and progress.

**CDDF: Coastal Developmental Disabilities Foundation.** Made up of the Board of Directors of Westside Regional Center, this nonprofit organization contracts with DDS to operate Westside.

**DCFS: The Department of Children and Family Services in Los Angeles County:** administers all child welfare services.

**DDS: The Department of Developmental Services.** This state agency administers the contracts with each regional center and sets many of the regulatory standards for service. The department also operates state developmental centers.

**DHS: The Department of Health Services.** Responsible for Medi-Cal administration and licensing of healthcare facilities.

**DMH: The Department of Mental Health.** Responsible for state and local services to the mentally ill. Approves and funds community mental health programs and administers Metropolitan State Hospital in Norwalk.

**DOE: The Department of Education of the State of California.**

**DPSS: The Department of Public Social Services.** In Los Angeles County, DPSS administers public assistance programs and disability evaluations.

**DR: The Department of Rehabilitation.** Responsible for vocational training and job placement of disabled persons.

**DSS: The Department of Social Services.** Responsible for overseeing the distribution of many government services. License community care facilities.

**Disability Rights California:** A federally funded agency that advocates for both individuals and systems. Staffed primarily by attorneys and paralegal staff, this agency represents clients who have been deprived of their right to services.

**ECF: The Exceptional Children's Foundation.** This private, nonprofit parent organization sponsors various infant and adult programs in the Los Angeles area.

**FRC: Family Resource Center**

**Generic Services:** Services offered or available to the general public, as distinguished from specialized services for specific groups of people. For example, training provided by the Department of Rehabilitation is a generic service available to any California resident in need of rehabilitation. In the absence of a generic service, Westside may purchase that service for its clients.

**Genetic Defect:** Abnormalities in the genes that cause mental retardation.

**ICF-DD - Intermediate Care Facility:** A residential program for people with developmental disabilities who have medical conditions requiring health professionals on staff at the home.

**IEP: Individual Education Plan.** A written statement of objectives and plans to achieve those objectives required for every child in a special education school program.

**IFSP: Individual Family Service Plan.** A written statement completed yearly which lists goals and specific objectives in areas important to the consumer. Each objective contains a target date that the objective is to be met and one or more plans designed to reach the objective.

**IPP/ISP: Individual Program Plan/Individual Support Plan.** A written statement of goals and specific objectives in areas important to the client. Each objective contains one or more plans to achieve it and a target date for completion.

**Intellectual Disability:** A developmental disability involving below-average general intellectual functioning. Originates during the developmental period (before the age of 18) and is associated with impairment in adaptive behavior.

**Lanterman Act:** The Lanterman Developmental Disabilities Services Act, legislation that mandated the right of people with developmental disabilities to receive appropriate services.

**Least Restrictive Alternative:** Refers to an intervention or environment, usually a residential or day program setting, that provides care and training with the least amount of intrusion and disruption to the client, as well as the closest approximation of normal patterns of living. For example, a client who has learned many self-help skills and behavior controls would not require a setting or techniques that emphasized close supervision by many staff members.

**LPS: Lanterman-Petris-Short Act.** This act provides for the detention of mentally disabled persons for evaluation and treatment, and the establishment of a conservatorship for a mentally disordered person.

**Medi-Cal:** California's version of the federal Medicaid Program that pays medical expenses for public assistance recipients and other low-income persons.

**MTU — Medical Treatment Unit.** Administers CCS services in school settings for children with physical disabilities.



**Multidisciplinary Team:** A group of persons who have individual areas of professional expertise and/or know the client and his or her skills and behavior. This group develops the IPP. Sometimes referred to as the ID team.

**NLACRC: North Los Angeles County Regional Center.** Serves people with developmental disabilities in the northern Los Angeles County and San Fernando Valley areas.

**Nonverbal Communication** - Signals and messages from one person to one or more other people through facial expressions, body movements, verbal tone, or posture.

**OMH: Other Multi-Handicapped.** An educational classification for children with two or more unrelated handicapping conditions.

**OT — Occupational therapist or therapy**

**PH — Physically handicapped.** An education classification for children with physical handicaps. Previously referred to as orthopedically handicapped.

**PL: Public Law.** PL105-17, for example, sets rules for special education.

**POS: Purchase of Service. Refers to client services that regional center buys.** When clients need services that are unavailable from generic resources, regional center Counselors may negotiate service contracts with vendors.

**PT:** Physical therapist or therapy.

**Person-Centered Planning:** An approach to planning for the future based on the client and family's wishes and on the client's abilities and preferences.

**Physical Assistance:** An instructional strategy whereby a person is physically led through behavior by another person. For example, to teach a person to wash his hands, the instructor puts his or her hands over the person's hands and completes the behavior.

**Positive Reinforcement** - Anything a person likes that is given after a behavior to increase that behavior.

**Public Law 94-142** - Federal legislation ensuring that all handicapped children have the right to a free and appropriate public education.  
**Reinforcement:** Procedures that make the desired behaviors more likely to occur, e.g., praise.

**SB:** A Senate Bill of the California Legislature.

**SNF: Skilled nursing facility.** This residential facility aids individuals with considerable medical needs.

**SSA: Social Security Administration.** This Federal agency administers benefits to retired or disabled workers and their surviving dependents.

**SSI — Supplemental Security Income:** These government funds are available to many people with a disability and limited financial resources.

**SCDD: State Council on Developmental Disabilities.** An agency established by federal law and the Lanterman Act to plan and review activities from a statewide perspective.

**Task Analysis:** The process of breaking down the content of a complex behavior into smaller and more basic components to facilitate learning.

**Technology Dependent:** Term describing people with a chronic disability who need a specific medical device for a life-sustaining body function (such as breathing). These individuals, usually children, require daily, ongoing monitoring by trained personnel.

**Vendor:** Any community agency or professional that provides services purchased by the regional center for its clients. Also known as a service provider.

**WRC:** Westside Regional Center. Westside serves almost 5,000 people with developmental disabilities living in West Los Angeles communities as far south as Gardena and as far north as Malibu and Calabasas.

**Source: Westside Regional Center**



# Forms



## **Sample Client Intake Forms (WRC, NLACRC, DMH)**



## Westside Regional Center Early Start Referral Form (Birth to 3 years)

Please fax completed form to Claudia (310) 258-0571. For questions, call Cesar Garcia at (310) 258-4090.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ (months)

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone number: (    ) \_\_\_\_\_ Other: (    ) \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

Send information back to: \_\_\_\_\_ Address or FAX: \_\_\_\_\_

### I. PREVENTION PROGRAM: HIGH RISK OF DEVELOPMENTAL DELAY OR DISABILITY

**PLEASE ATTACH SUPPORTING MEDICAL RECORDS.** Some risk factors associated with an established risk of developmental delay/disability will qualify under Established Risk.

<b>PRENATAL:</b> <input type="checkbox"/> Developmentally disabled parent  <input type="checkbox"/> Prenatal exposure to teratogens (e.g. medications, toxins) Explain: _____  <input type="checkbox"/> Prenatal substance exposure (drugs/alcohol in pregnancy), positive newborn toxicology screen (tested + for drugs) or symptomatic newborn drug toxicity or withdrawal	<b>POST-NATAL:</b> <input type="checkbox"/> Clinically significant failure-to-thrive, e.g., weight persistently below the 3 <sup>rd</sup> percentile for age on standard growth charts. Wt _____ HT _____ Date _____  <input type="checkbox"/> Multiple congenital anomalies or genetic disorders which could <u>possibly</u> effect developmental outcome (if <u>probably</u> affecting development, place under Established Risk) Diagnosis _____ <input type="checkbox"/> Serious injury, accident or illness which could seriously or permanently affect development outcome (if <u>probably</u> affecting development, place under Established Risk) Explain: _____ <input type="checkbox"/> Brain or spinal cord infection (e.g., meningitis, encephalitis, etc.) Explain: _____ <input type="checkbox"/> Brain or spinal cord lesion or abnormality (e.g., tumor, anomaly, etc.)    Diagnosis _____ <input type="checkbox"/> Seizures that are NOT febrile seizures age 3 and under <input type="checkbox"/> Persistent hypotonia (low tone) or hypertonia (increased tone)
<b>NEONATAL:</b> <input type="checkbox"/> Prematurity < 32 weeks and/or birth weight <1500 grams (3lbs)    BW _____ Gestational Age _____ wks  <input type="checkbox"/> Apgar score of 0 to 5 at 5 minutes and/or birth asphyxia Apgars _____  <input type="checkbox"/> Assisted Ventilation (on a ventilator or breathing machine) for 48 hours or longer in first 28 days of life  <input type="checkbox"/> Severe & persistent metabolic abnormality (e.g., acidemia, hypoglycemia, hyperbilirubinemia at exchange transfusion level, etc.)  <input type="checkbox"/> Small for gestational age (SGA); below 3 <sup>rd</sup> % for growth or Intrauterine Growth Retardation (IUGR)	

### II. EARLY START: ESTABLISHED RISK OF DEVELOPMENTAL DELAY OR DISABILITY

Condition conferring risk ( <b>PLEASE ATTACH SUPPORTING MEDICAL RECORDS</b> ): E.g. congenital or genetic syndromes (Down syndrome, Prader Willi syndrome, Williams syndrome, fragile X syndrome, fetal alcohol syndrome, tuberous sclerosis, congenital rubella syndrome, etc. ), brain malformations (schizencephaly, anencephaly), kernicterus, etc.
<b>CONDITION:</b>

### III. PREVENTION OR EARLY START: DEVELOPMENTAL DELAY

Developmental delay exists if there is a significant difference between the child's current level of functioning and the expected level of development for his or her chronological age. Depending on extend of delays, child may qualify for Prevention (developmental monitoring) or Early Start (developmental therapies).

CRITERIA	Description of concerns/delays
Cognitive	
Motor (gross/fine)	
Communication (expressive/receptive language)	
Social or emotional	

Please check developmental red flags. (An assessment will be done to determine if development delays are significant.)

Age	Gross Motor	Fine Motor/Adaptive	Language/Cognitive	Social
<b>7 months</b>	<input type="checkbox"/> Seems very stiff or floppy <input type="checkbox"/> Cannot roll over both ways <input type="checkbox"/> Does not sit up with help <input type="checkbox"/> Does not bear weight on legs	<input type="checkbox"/> Reaches with one hand only or not at all <input type="checkbox"/> Cannot transfer object hand to hand	<input type="checkbox"/> Does not look at sound source <input type="checkbox"/> Does not coo, babble or attract attention <input type="checkbox"/> Has no interactive eye gaze	<input type="checkbox"/> Does not smile, laugh, or express joy <input type="checkbox"/> Does not cuddle, shows no affection to parents
<b>12 months</b>	<input type="checkbox"/> Does not crawl, scoot or get around <input type="checkbox"/> Does not sit alone indefinitely <input type="checkbox"/> Does not stand if supported	<input type="checkbox"/> Does not reach for and grasp distant objects or favors one hand <input type="checkbox"/> Does not finger feed	<input type="checkbox"/> Does not use 2-3 consonant sounds <input type="checkbox"/> Does not use gestures (point, wave) <input type="checkbox"/> Does not say mama or dada specific <input type="checkbox"/> Does not turn head when name called	<input type="checkbox"/> Does not play games like peekaboo
<b>18 months</b>	<input type="checkbox"/> Does not walk alone <input type="checkbox"/> Walks exclusively on tiptoes	<input type="checkbox"/> Does not hold cup or bottle <input type="checkbox"/> Does not throw ball	<input type="checkbox"/> Has No words by 16-18 months <input type="checkbox"/> Does not point to a named picture <input type="checkbox"/> Does not follow simple directions	<input type="checkbox"/> Does not use mother as secure base
<b>24 months</b>	<input type="checkbox"/> Does not run (stiffly) <input type="checkbox"/> Does not seat self in chair	<input type="checkbox"/> Does not use spoon, cup <input type="checkbox"/> Cannot build 2 block tower	<input type="checkbox"/> Does not put 2 words together <input type="checkbox"/> Has less than 15 word vocabulary	<input type="checkbox"/> Does not parallel play <input type="checkbox"/> Does not express affection (hugs, kisses, etc) <input type="checkbox"/> Does not pretend to feed doll or toy
<b>36 months</b>	<input type="checkbox"/> Does not walk up/down stairs <input type="checkbox"/> Does not kick ball	<input type="checkbox"/> Has difficulty manipulating small objects <input type="checkbox"/> Cannot build 5-6 block tower	<input type="checkbox"/> Does not say 3 word phrases <input type="checkbox"/> Does not follow 2 step command	<input type="checkbox"/> Does not pretend play or play with other children <input type="checkbox"/> Does not put several actions together in play (stirring, scooping, feeding doll)

☐ Loss of milestones at any age.

Explain: \_\_\_\_\_

☐ Emotional/Behavioral concerns, **out of range of normal** (e.g., aggression; self-stimulation head banging, hand flapping, etc.; preoccupations, restricted interests, etc.)

Explain: \_\_\_\_\_



## Westside Regional Center Intake Application Form (3 years of age and older)

**Applicant's Name:** Last \_\_\_\_\_, First \_\_\_\_\_ Middle \_\_\_\_\_  
(Person to be considered for Regional Center Services)

**Date of Birth:** (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male**\_\_\_\_ **Female**\_\_\_\_  
**Ethnicity**\_\_\_\_\_

**SSN:** \_\_\_\_\_ **Medical#**\_\_\_\_\_ **Private Insurance**  
\_\_\_\_\_

**Parent/Guardian:** Last \_\_\_\_\_, First \_\_\_\_\_ Middle \_\_\_\_\_  
\_\_\_\_\_

(Or person referring) **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Other Parent/Guardian:** Last \_\_\_\_\_, First \_\_\_\_\_  
Middle \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If different then parent, relationship to client:** \_\_\_\_\_

(Please specify who is/are the legal guardians or have conservatorship)

\_\_\_\_\_  
**E-mail Address**\_\_\_\_\_

**Applicant's Street Address**

\_\_\_\_\_  
\_\_\_\_\_  
**City** **State** **Zip Code**

**Parent/Guardian/Referral Agent's Street Address (If Different then Applicant)**

\_\_\_\_\_  
\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**Primary Contact** **(Home Phone)** **(Cell Phone)** **(Work Phone)**

\_\_\_\_\_  
**Other Contact** **(Home Phone)** **(Cell Phone)** **(Work Phone)**

*(Below Please briefly outline your concerns and the reason for referral at this time)*

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**Which eligible condition listed below do you feel applies to the applicant?**

**(Please refer to attachment.) Intellectual Disability (Mental Retardation) \_\_\_\_ Autistic Disorder  
\_\_\_\_ Epilepsy \_\_\_\_ Cerebral Palsy \_\_\_\_**

**Condition similar to an individual with mental retardation \_\_\_\_**

**(Please note that conditions such as Attention Deficit Disorder, Learning Disability and Language Disorders alone are not eligible conditions)**

**Please include any documents. (Documents would include school records such as a Psycho-educational evaluation, and an IEP, medical records, psychological evaluations, etc. that support applicant having a developmental disability) or indicate below if not available.**

**I have no records to supply at this time \_\_\_\_\_**

**Reason (Please specify if they are being sent at a later date.):**

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**You can either fax your records to (310) 649-1024 or you can bring them in and give them to the receptionist on the third floor or mail them to our address:**

**Westside Regional Center  
ATTN: Monica Villanueva/Intake  
5901 Green Valley Circle, Suite 320  
Culver City, Ca. 90230**

**Please make any correspondence fax or mailer to the attention of *Monica Villanueva* at 310-258-4121 or via e-mail at [monicav@westsiderc.org](mailto:monicav@westsiderc.org).**



# North Los Angeles County Regional Center

15400 Sherman Way Ste. #170 - Van Nuys, C.A. 91406 - (818) 778-1900  
28470 Avenue Stanford, Ste. #100 - Santa Clarita, C.A. 91355 - (661) 775-8450  
43210 Gingham Avenue - Lancaster, C.A. 93535 - (661) 945-6761

## Early Start Application

(Infants and Toddlers under 3 years of age)

This application is to assist the North Los Angeles County Regional Center (NLACRC) to determine eligibility for the California Early Start Program. Eligibility for Early Start is based on an infant or toddler having one or more of the following conditions:

- (1) An Established Risk condition. This is a diagnosed medical condition which has a high probability of resulting in a developmental delay, and/or disability.
- (2) A one-third delay in one or more areas of development before 24 months, or, at 24 months of age or older, either a fifty percent delay in one area or a one-third delay in two or more developmental areas.

If your child is not eligible for Early Start, your child will be considered for California's Prevention Program, which provides developmental monitoring to children birth through 35 months of age with high risk conditions and certain developmental delays that do not otherwise qualify them for Early Start.

In order to determine your child's eligibility, NLACRC will complete an evaluation to assess your child's developmental level. Additionally, a review of your child's medical history/records is required. This application contains the necessary forms required for NLACRC to initiate the evaluation process. Early Start eligibility determination may take up to 45 days. Your child's information is confidential and will only be released with your written consent for the purpose of coordinating the evaluation.

To begin the process:

1. Do you live in the NLACRC catchment area?  
**NLACRC serves individuals who reside in the San Fernando, Santa Clarita, or Antelope Valleys of Los Angeles County ONLY.** If you do not live in one of these areas, you need to apply for services at the Regional Center that serves the area in which you live. Please visit <http://www.dds.ca.gov/RC/RCzipLookup.cfm> to find the Regional Center that serves your zip code.
2. Please complete the application (pages 1-4) as accurately and completely as possible. **The collection of the information on this application is required by the State of California, Department of Developmental Services.**
3. Please **sign** the consent for evaluation and services on page 5. **The evaluation process cannot begin prior to receipt of your written consent.**
4. Please **sign** medical record releases on pages 6, 7, 8. These releases allow us to obtain medical records and information from your child's hospital and/or physician and are critical to confirm the medical information to establish eligibility for the Early Start program.
5. You may submit the application by e-mail by saving the form to your computer and then sending as an **E-MAIL ATTACHMENT** to [intake@nlarc.org](mailto:intake@nlarc.org). You will receive an auto-reply e-mail confirming that the form was received by NLACRC. If you are submitting by e-mail, make sure all the signature lines are signed and dated. You may use an electronic signature. The Adobe program will give you step-by-step instructions on how to create an electronic signature.
6. Or you may print out, sign and FAX the entire application with signature pages (Pages 1-8) to NLACRC's intake department 818-756-6357. The rest of the packet contains notices about the Early Start Program and the privacy of your child's health information. Please read these notices and keep for your records. **DO NOT FAX the notices back to NLACRC.**
7. You will receive confirmation that your application has been received within 3 business days.
8. **SPECIAL INSTRUCTION** for DCFS (Department of Children and Family Services) Cases: **IN ADDITION** to completing the application and signature pages, please also FAX: 5005 Form with reason of referral and Minute Order from the court. Make sure that the consent for evaluation (page 5) is signed by the appropriate legally responsible party with educational rights for the child.

Thank you for your interest in the Early Start Program at the North Los Angeles County Regional Center. Please visit our web site [www.nlarcc.org](http://www.nlarcc.org). You can find more information about California's Early Start Program at [www.dds.ca.gov/EarlyStart](http://www.dds.ca.gov/EarlyStart).

Revised 1/19/11



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## Early Start Application

(Infants and Toddlers under 3 years of age)

**Child's Information:** Please provide complete information regarding the child being referred.

<b>First Name</b> (please print in box above)		<b>Middle Name</b>	<b>Last Name</b>
			<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Birth Date</b>	<b>Age</b> (in months)	<b>Birth Place</b>	<b>Gender</b>
<b>Primary Language</b>		<b>Ethnicity</b>	<b>Social Security Number</b>
If the Child's name has been changed, please list previous name below.			
<b>Previous First Name</b>		<b>Previous Middle Name</b>	<b>Previous Last Name</b>

<b>Who does the child live with?</b>	<input type="radio"/> Parents <input type="radio"/> Mother Only <input type="radio"/> Father Only <input type="radio"/> Foster Parents <input type="radio"/> Facility		
<b>Street</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>

<b>Who is the primary legally responsible party that can be contacted regarding the Child's application?</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Relationship</b>
<b>Primary Phone Number</b>	<b>Alternate Phone Number</b>	<b>E-mail Address</b>

<b>Please provide information regarding the individual, agency, or office that made referral.</b>		
<b>Name of Agency / Contact Person</b>	<b>Primary Phone Number</b>	<b>Fax / E-mail</b>

Has the child received assessment or services from another Regional Center? ☐ Yes ☐ No

If "Yes," please name the Regional Center in the box.

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**Attention DCFS Only:** Please name the individual with educational rights for the Child.

This Individual must sign consent for services (Pg 5)

<b>First Name</b>	<b>Last Name</b>	<b>Primary Phone Number</b>

Please complete entire form and fax to Intake Department (818) 756-6357 or submit electronically to [intake@nlarc.org](mailto:intake@nlarc.org)

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# North Los Angeles County Regional Center

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## Father's Information

Does the Father live with the Child? If, "Yes" please check here. ☐

If the Father's information is unknown please check here. ☐

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Birth Date</b>	<b>Birth Place</b>	<b>Language</b>
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>	<b>Social Security Number</b>	
<b>Employer's Name</b>		<b>Job Title</b>
<b>Disabled</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Deceased</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Marital Status</b> <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widower		

## Mother's Information

Does the Mother live with the Child? If, "Yes" please check here. ☐

If the Mother's information is unknown please check here. ☐

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name (Maiden)</b>
<b>Birth Date</b>	<b>Birth Place</b>	<b>Language</b>
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>	<b>Social Security Number</b>	
<b>Employer's Name</b>		<b>Job Title</b>
<b>Disabled</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Deceased</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Marital Status</b> <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widow		

Please complete entire form and fax to Intake Department (818) 756-6357 or submit electronically to [intake@nlacrc.org](mailto:intake@nlacrc.org)

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## Medical History (Medical record release is required to confirm information.)

Was the child in a neonatal intensive care unit or were there birth complications?

☐ Yes ☐ No

Please describe birth weight, level of prematurity, and any complications in the box below.

Does the Child have any medical diagnoses or conditions?

☐ Yes ☐ No

Does the Child have a visual impairment?

☐ Yes ☐ No

Please describe in box below.

Please describe your primary concerns with the Child's development.

## Language Development

1. How many words does the child have?

2. Does the child combine words?

3. Has the child lost speech?

4. Does the child understand and follow commands?

5. Does the child respond to his/her name?

6. Has the child's hearing been tested?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

In the box below please describe any concerns about the Child's language development.

Also indicate results of hearing test, if applicable.

## Physical Development

List age in months the child could do the following:

Support Head	<input type="text"/>	Roll Over	<input type="text"/>	Sit Without Support	<input type="text"/>
Pull Self To Stand	<input type="text"/>	Walk By Holding Furniture	<input type="text"/>	Walk With Hand Held	<input type="text"/>
Walk Without Support	<input type="text"/>				

Please describe any concerns about the Child's physical development in the box below.

## Social - Behavioral

Please describe any concerns about the Child's social interaction and / or behavior in the box below.

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## **Clinician Contact Information For Medical Record Request**

Please indicate the name and contact information for the child's birth hospital or NICU, current physician and/ or other medical specialist and then please sign the corresponding consents to obtain current records from these providers on pages 6, 7 and 8.

### A. Birth Hospital / Neonatal Intensive Care Unit (NICU)

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>		

### B. Current Physician

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>	<b>Specialty</b>	

### C. Other Current Physician or Medical Specialist (for example, Neurologist, Geneticist, Orthopedic Specialist)

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>	<b>Specialty</b>	

## **Insurance Information**

		Medi-Cal <input type="checkbox"/>
<b>Insurance Company Name</b>	<b>Insurance Company Phone Number</b>	
<b>Name of Policy Holder</b>	<b>Insurance Policy Number</b>	

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## CONSENT FOR EVALUATION AND RELEASE OF INFORMATION

**Consent for Evaluation and Release of Information:** Your written consent is needed before an evaluation can be conducted. Additionally, your written consent is needed to allow your personal information to be released to a regional center vendored service provider for the purpose of coordinating the evaluation. The evaluation will help you and the regional center learn about your child and may include talking with you about your child's development, an observation of your child in the home or other settings, and a review of medical and/or other records. This information will assist the NLACRC in determining your child's eligibility for California's Early Start Program and help us identify the type of early intervention services needed.

For Your Information:

- ◆ Your consent for evaluation is entirely **voluntary** and **may be withdrawn at any time**.
- ◆ The evaluation is required to determine eligibility; without an evaluation services may not be provided.
- ◆ The evaluation will be completed in the primary language of your child and family and in a timely manner.
- ◆ The evaluation will help you to identify your concerns for your child and family.
- ◆ The evaluation will provide information about your child's development.
- ◆ You may request information regarding the evaluation as well as a copy of the results.
- ◆ Your child's and family information is strictly confidential and will only be released with your written consent.
- ◆ No services shall start, change or terminate without written notification or the written consent of the family.
- ◆ You have the right to review and inspect your child's records.
- ◆ You have a right to receive further written information about your rights.

**Your child will be assessed in the following areas:**

- cognitive development
- speech & language (communication) development
- social or emotional development
- physical/motor development
- adaptive development

### **PLEASE CHECK THE FOLLOWING STATEMENTS AND SIGN BELOW TO CONSENT FOR EVALUATION**

- ☐ I agree to evaluation to help determine if my child is eligible or continues to be eligible for Early Intervention Services. I understand that my consent is voluntary and that I may refuse evaluation services at any time. I understand that my child will not receive early intervention services until eligibility is determined through an evaluation.
- ☐ I agree to the release of personally identifiable information to a regional center vendored service provider for the purpose of referral for evaluation. I understand that this information will include the names of the parents and child, child's date of birth, home address, and telephone number(s).
- ☐ I acknowledge that I was provided a copy of the North Los Angeles County Regional Center *Notice of Privacy Practices* and the *Early Start Initial and Annual Notice: Protecting Your Child's Confidentiality*, and *Parents' Rights and Responsibilities*. I acknowledge that I have read (or had the opportunity to read) and understood the Notices. I understand that I can request a paper copy of the Notices at any time.

**By signing this form I agree to the above statements, unless otherwise stated.**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEDICAL AND/OR OTHER INFORMATION

To:  Attention:

I hereby authorize the above named school, medical practitioner, hospital, clinic, mental health facility  
and/or designated employees to release school or medical information as indicated below.

Please release medical records and/or other information regarding:

Name:  Birth Date:

Release medical information to: NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

### DURATION

This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (enter date) or for one year from the date of signature if no date is entered.

### REVOCATION

This authorization may be revoked by the undersigned at any time. The revocation must be in writing, signed by the undersigned, and delivered to NLACRC at the address above. Written revocation will be effective upon receipt, but will not be effective to the extent that the requester or others have acted in reliance upon this authorization.

### REDISCLASURE

NLACRC may not re-disclose the information obtained under this authorization unless additional authorization is obtained or disclosure is specifically required or permitted by law.

### SPECIFY RECORDS

Check the box and initial the type of information to disclose:

☐ **Medical Information:** birth records, office visits, physical examinations, developmental assessments, hospital admission and discharge summaries.  
\_\_\_\_\_ (initial) \_\_\_\_\_ (date)

☐ **Psychiatric/Psychological Information:** evaluations, medication and treatment records, hospital admission and discharge summaries, and diagnostic impressions including testing score sheets.  
\_\_\_\_\_ (initial) \_\_\_\_\_ (date)

☐ **School/College and Psychological Services:** AB3632 assessment, case studies, psychological, hearing, speech and language evaluations, most recent IEP transcript and/or cumulative records.  
\_\_\_\_\_ (initial) \_\_\_\_\_ (date)

☐ **Vocational/Rehabilitation records**  
\_\_\_\_\_ (initial) \_\_\_\_\_ (date)

☐ **Other (specify)**   
\_\_\_\_\_ (initial) \_\_\_\_\_ (date)

*I request that the health information released pursuant to this authorization be used for the following purposes only:*  
These records will be used by the NLACRC to evaluate and make decisions regarding eligibility and appropriate services for this individual.

I understand that this authorization is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization. I have a right to receive a copy of this authorization for my records. A copy of this authorization is valid as an original.

Signature of Consumer or Consumer's Legal Representative

Date

Printed Name

Relationship, if signed by someone other than consumer

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Date

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Name:  Birth Date:

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☐ **Vocational/Rehabilitation records**  
\_\_\_\_\_ (initial) \_\_\_\_\_ (date)

☐ **Other (specify)**   
\_\_\_\_\_ (initial) \_\_\_\_\_ (date)

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Signature of Consumer or Consumer's Legal Representative \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship, if signed by someone other than consumer \_\_\_\_\_

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## **Intake Application**

(For Children Over 3 Years of Age and Adults)

This application is to assist the North Los Angeles County Regional Center (NLACRC) to determine eligibility for services under the Lanterman Developmental Disabilities Services Act. To be eligible for Regional Center Services an individual must have a Developmental Disability as per California Law and Regulation. A developmental disability is a condition attributable to:

- (1) Mental Retardation
- (2) Epilepsy
- (3) Cerebral Palsy
- (4) Autism
- (5) Disabling conditions found to be closely related to mental retardation or requiring treatment similar to.

Additionally, the disability must: Originate prior to the age of 18, continues or is expected to continue indefinitely and constitutes a substantially for the person. Substantially disability means significant functional limitation in three or more of the following areas of life activity: self care, receptive and expressive language, learning, mobility, self direction, capacity of independent living, economic self sufficiency. A developmental disability does not include other handicapping conditions that are solely physical in nature, solely psychiatric in nature and solely learning disabilities. In order to determine the applicant's eligibility, NLACRC will complete an intake assessment which may include collection of historical diagnostic information, such as medical records, school records, prior psychological testing as well as provision of diagnostic evaluation (s) if indicated. This application contains the necessary forms required for NLACRC to initiate the evaluation process. The evaluation process cannot begin prior to receipt of your written consent. The applicant's information is confidential and will not be released without your written consent. Eligibility determination may take up to 120 days. To begin the process:

In order to determine the applicant's eligibility, NLACRC will complete an intake assessment which may include collection of historical diagnostic information, such as medical records, school records, prior psychological testing as well as provision of diagnostic evaluation (s) if indicated. This application contains the necessary forms required for NLACRC to initiate the evaluation process. The evaluation process cannot begin prior to receipt of your written consent. The applicant's information is confidential and will not be released without your written consent. Eligibility determination may take up to 120 days. To begin the process:

1. Is a developmental disability suspected? If a developmental disability as described above is not suspected, Regional Center may not be the appropriate agency to meet the applicant's needs and an application should NOT be completed.
2. Do you live in the NLACRC catchment area? NLACRC serves individuals who reside in the San Fernando, Santa Clarita, or Antelope Valleys of Los Angeles County ONLY. If you do not live in one of these areas, you need to apply for services at the Regional Center that serves the area in which you live, please visit <http://www.dds.ca.gov/RC/RCzipLookup.cfm> to find the Regional Center that serves your Zip code.
3. Please complete the application as accurately and completely as possible. The collection of the demographic information on this application is required by the State of California, Department of Developmental Services.
4. Please sign the consent for evaluation and services on page 8. The evaluation process cannot begin prior to receipt of your written consent.
5. Please sign medical, psychological, school record releases on pages 9 - 14. These releases allow us to obtain medical records, psychological and educational information are a critical part of the eligibility determination process.
6. FAX the entire application with signature pages (Pages 1-14) to NLACRC intake department 818 756 6357.
7. You may also submit the application by email instead of fax by sending as an email attachment to [intake@nlarc.org](mailto:intake@nlarc.org). You will receive and auto-reply email confirming that the form was received by NLACRC. If you are submitting by email, make sure all the signature lines are signed and dated. You may use a electronic signature. The adobe program will give you step by step instructions in how to create an electronic signature.
8. Please read the Notice of Privacy practice (pages 15 and 16) and keep for your records. DO NOT FAX back to NLACRC. These pages contain information about the privacy of your health information.
9. You will receive confirmation of that your application has been received within 3 business days.

Thank you for your interest in the North Los Angeles County Regional Center.  
Please visit our website [www.nlarcc.org](http://www.nlarcc.org). You can find more information about Regional Centers at [www.dds.ca.gov](http://www.dds.ca.gov)





# North Los Angeles County Regional Center

15400 Sherman Way Ste. #170 - Van Nuys, C.A. 91406 - (818) 778-1900  
28470 Avenue Stanford, Ste. #100 - Santa Clarita, C.A. 91355 - (661) 775-8450  
43210 Gingham Avenue, Ste. #6 - Lancaster, C.A. 93535 - (661) 945-6761

## Intake Application

### For Children Over 3 Years of Age and Adults

#### Applicant's Information:

First Name	Middle Name	Last Name
Birth Date	Age	Birth Place
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Gender	Primary Language	Ethnicity
Social Security Number	Marital Status	
If the Applicant's name has been changed, please list previous name below.		
Previous First Name	Previous Middle Name	Previous Last Name
Who does the applicant live with? <input type="radio"/> Parent/s <input type="radio"/> Foster Parent/s <input type="radio"/> Facility <input type="radio"/> Independent		
Street		
City	State	Zip
Primary Phone Number	Alternate Phone Number	Email Address
Who is the primary responsible party that can be contacted regarding this application?		
First Name	Last Name	Relationship
Primary Phone Number	Alternate Phone Number	Email Address
Please provide information regarding the individual, agency, or office that made referral.		
Name of Agency / Contact Person	Primary Phone Number	Fax / Email

Has the applicant previously received assessment or services from North Los Angeles County Regional Center or another Regional Center?

☐ Yes ☐ No

If "Yes," please name the Regional Center in the box.

Is the applicant under a court appointed conservatorship?

☐ Yes ☐ No

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## Father's Information

Does the Father live with the Applicant? If, "Yes" please check here. ☐

If the Father's information is unknown please check here. ☐

<b>First Name</b>		<b>Middle Name</b>	
<b>Birth Date</b>		<b>Birth Place</b>	
		<b>Language</b>	
<b>Street</b>			
<b>City</b>		<b>State</b>	
		<b>Zip</b>	
<b>Phone Number</b>		<b>Social Security Number</b>	
<b>Employer's Name</b>		<b>Job Title</b>	
<b>Disabled</b> <input type="radio"/> Yes <input type="radio"/> No		<b>Deceased</b> <input type="radio"/> Yes <input type="radio"/> No	
<b>Marital Status</b> <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widower			

## Mother's Information

Does the Mother live with the Applicant? If, "Yes" please check here. ☐

If the Mother's information is unknown please check here. ☐

<b>First Name</b>		<b>Middle Name</b>	
		<b>Last Name (Maiden)</b>	
<b>Birth Date</b>		<b>Birth Place</b>	
		<b>Language</b>	
<b>Street</b>			
<b>City</b>		<b>State</b>	
		<b>Zip</b>	
<b>Phone Number</b>		<b>Social Security Number</b>	
<b>Employer's Name</b>		<b>Job Title</b>	
<b>Disabled</b> <input type="radio"/> Yes <input type="radio"/> No		<b>Deceased</b> <input type="radio"/> Yes <input type="radio"/> No	
<b>Marital Status</b> <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Single <input type="radio"/> Widow			

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**Developmental Disability:** Please provide information regarding the area of developmental disability that is suspected or diagnosed for the applicant. You may provide information for more than one area of developmental disability. If an area of developmental disability is not suspected, please leave that section blank.

Please provide the name of any health professional where indicted below and list their contact information on pages 6 and 7 so that records can be requested.

### 3. Cerebral Palsy:

Has the applicant been diagnosed by a health care professional with Cerebral Palsy? ☐ Yes ☐ No

Professional Name:		Date of diagnosis:	
--------------------	--	--------------------	--

Please describe the type of cerebral palsy and how the applicant is impacted in their daily functioning.

--

Does applicant use adaptive equipment? ☐ none ☐ Wheelchair ☐ Walker ☐ AFO/Brace

### 4. Epilepsy:

Has the applicant been diagnosed by a physician or neurologist with Epilepsy? ☐ Yes ☐ No

Professional Name:		Date of diagnosis:	
--------------------	--	--------------------	--

If yes, what age was the applicant diagnosed with Epilepsy?

Is applicant taking medicine for Epilepsy (Seizures)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, please list the medication(s) used for Epilepsy (Seizures) below and also describe the type of seizures and how the applicant is impacted in their daily functioning.

--

How frequent are the seizures? ☐ Daily ☐ Weekly ☐ 1 A Month ☐ 1 A Year ☐ None In This Past Year

### 5. Other:

If needed, please describe below any other concerns about the applicant that have not been addressed above.

--

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Please provide the name of any health professional where indicted below and list their contact information on pages 6 and 7 so that records can be requested.

## 1. Mental Retardation

Has the applicant been diagnosed by a health care professional with Mental Retardation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional Name:		Date of diagnosis:	
In box below please describe why mental retardation is suspected.			

## 2. Autism

Has the applicant been diagnosed by a health care professional with Autism?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional Name:		Date of diagnosis:	
In box below please describe why Autism is suspected.			

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## 1. Medical History

Does the applicant have any medical diagnoses or chronic health conditions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe in the box below.			
Physician name:			
Please list any medications that the applicant is currently taking for their medical condition.			

## 2. Mental Health History

Does the applicant have a current mental health (psychiatric) diagnosis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe in the box below.			
Mental Health provider name:			
Please list any medications that the applicant is currently taking for their mental health (psychiatric) condition.			

## 3. School History

Please list school name and contact information on page 6 so records can be requested.

Is the applicant currently or previously been in a special education program or had an IEP (Individual Education Plan)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the applicant graduate from high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 4. Other Services

Has the applicant received services through California Children's Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant received services through the Department of Rehabilitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Insurance Information

		Medi-Cal <input type="checkbox"/>
Insurance Company Name		
Name of Policy Holder	Insurance Policy Number	

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## Clinician / Educational Contact Information For Record Request

Please indicate the name and contact information, as applicable, for the current physician, any medical specialist, psychologist or mental health provider, and last school attended and then please sign the corresponding consents to obtain current records from these providers on pages 9 - 14.

### A. Current Physician.

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>		

### B. Other Current Physician, Medical Specialist, Hospital, Psychologist, or Mental Health Specialist.

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>	<b>Specialty</b>	

### C. Current School or last school attended.

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>		

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D. Other Current Physician, Medical Specialist, Hospital, Psychologist, Mental Health Specialist, or School.

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>		

E. Other Current Physician, Medical Specialist, Hospital, Psychologist, Mental Health Specialist, or School..

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>	<b>Specialty</b>	

F. Other Current Physician, Medical Specialist, Hospital, Psychologist, Mental Health Specialist, or School.

<b>Name</b>		
<b>Street</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>	<b>Specialty</b>	

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## Consent for Intake and Assessment Services

By signing this form, I hereby consent to the assessment of the individual named on this form for the purpose of determining eligibility for Regional Center services as per the Lanterman Developmental Disability Services Act. I understand that assessment may include collection and review of available historical diagnostic information, provision or procurement of necessary tests and evaluations and summarization of developmental levels and service needs. I understand that the North Los Angeles County Regional Center may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests and evaluations that have been performed by, and are available from, other sources. (California Welfare and Institutions code Section 4642, 4653)

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that all information and records obtained by the North Los Angeles County Regional Center in the course of providing intake and assessment services are confidential.

Please review the enclosed **Notice of Privacy Practices**. By signing this form, I acknowledge that I was provided a copy of the *Notice of Privacy Practices* of the North Los Angeles County Regional Center. I acknowledge that I have read (or had the opportunity to read) and understood the Notice. I understand that I can request a paper copy of the Notice at any time.

---

Applicant Name

---

Signature of Applicant or Applicant's Legal Representative      Date

---

Name and Relationship, if signed by someone other than applicant

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## AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEDICAL AND/OR OTHER INFORMATION

To:  Attention:

I hereby authorize the above named school, medical practitioner, hospital, clinic, mental health facility  
and/or designated employees to release school or medical information as indicated below.

Please release medical records and/or other information regarding:

Name:  Birth Date:

Release medical information to: NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

### DURATION

This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (enter date) or for one year from the date of signature if no date is entered.

### REVOCATION

This authorization may be revoked by the undersigned at any time. The revocation must be in writing, signed by the undersigned, and delivered to NLACRC at the address above. Written revocation will be effective upon receipt, but will not be effective to the extent that the requester or others have acted in reliance upon this authorization.

### REDISCLASURE

NLACRC may not re-disclose the information obtained under this authorization unless additional authorization is obtained or disclosure is specifically required or permitted by law.

### SPECIFY RECORDS

Check the box and initial the type of information to disclose:

- ☐ **Medical Information:** Birth Records, Office visits, physical examinations, developmental assessments, hospital admission and discharge summaries.  
\_\_\_\_ (initial) \_\_\_\_\_ (date)
- ☐ **Psychiatric/Psychological Information:** Evaluations, medication and treatment records, hospital admission and discharge summaries, and diagnostic impressions including testing score sheets.  
\_\_\_\_ (initial) \_\_\_\_\_ (date)
- ☐ **School/College and Psychological Services:** AB3632 assessment, case studies, psychological, hearing, speech and language evaluations, most recent IEP transcript and/or cumulative records.  
\_\_\_\_ (initial) \_\_\_\_\_ (date)
- ☐ **Vocational/Rehabilitation records**  
\_\_\_\_ (initial) \_\_\_\_\_ (date)
- ☐ **Other (specify)**   
\_\_\_\_ (initial) \_\_\_\_\_ (date)

*I request that the health information released pursuant to this authorization be used for the following purposes only:*  
These records will be used by the NLACRC to evaluate and make decisions regarding eligibility and appropriate services for this individual.

I understand that this authorization is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization. I have a right to receive a copy of this authorization for my records. A copy of this authorization is valid as an original.

Signature of Consumer or Consumer's Legal Representative

Date

Printed Name

Relationship, if signed by someone other than consumer

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\_\_\_\_ (initial) \_\_\_\_ (date)
- ☐ **Other (specify)**   
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*I request that the health information released pursuant to this authorization be used for the following purposes only:*  
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I understand that this authorization is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization. I have a right to receive a copy of this authorization for my records. A copy of this authorization is valid as an original.

Signature of Consumer or Consumer's Legal Representative

Date

Printed Name

Relationship, if signed by someone other than consumer

Please complete and fax entire form to Intake Department (818) 756-6357 or submit electronically to [intake@nlacrc.org](mailto:intake@nlacrc.org)

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# North Los Angeles County Regional Center

15400 Sherman Way Ste. #170 - Van Nuys, C.A. 91406 - (818) 778-1900  
28470 Avenue Stanford, Ste. #100 - Santa Clarita, C.A. 91355 - (661) 775-8450  
43210 Gingham Avenue, Ste. #6 - Lancaster, C.A. 93535 - (661) 945-6761

## AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEDICAL AND/OR OTHER INFORMATION

To:  Attention:

I hereby authorize the above named school, medical practitioner, hospital, clinic, mental health facility and/or designated employees to release school or medical information as indicated below.

Please release medical records and/or other information regarding:

Name:  Birth Date:

Release medical information to: NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

### DURATION

This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ (enter date) or for one year from the date of signature if no date is entered.

### REVOCATION

This authorization may be revoked by the undersigned at any time. The revocation must be in writing, signed by the undersigned, and delivered to NLACRC at the address above. Written revocation will be effective upon receipt, but will not be effective to the extent that the requester or others have acted in reliance upon this authorization.

### REDISCLASURE

NLACRC may not re-disclose the information obtained under this authorization unless additional authorization is obtained or disclosure is specifically required or permitted by law.

### SPECIFY RECORDS

Check the box and initial the type of information to disclose:

- ☐ **Medical Information:** Birth Records, Office visits, physical examinations, developmental assessments, hospital admission and discharge summaries.  
\_\_\_\_ (initial) \_\_\_\_ (date)
- ☐ **Psychiatric/Psychological Information:** Evaluations, medication and treatment records, hospital admission and discharge summaries, and diagnostic impressions including testing score sheets.  
\_\_\_\_ (initial) \_\_\_\_ (date)
- ☐ **School/College and Psychological Services:** AB3632 assessment, case studies, psychological, hearing, speech and language evaluations, most recent IEP transcript and/or cumulative records.  
\_\_\_\_ (initial) \_\_\_\_ (date)
- ☐ **Vocational/Rehabilitation records**  
\_\_\_\_ (initial) \_\_\_\_ (date)
- ☐ **Other (specify)**   
\_\_\_\_ (initial) \_\_\_\_ (date)

*I request that the health information released pursuant to this authorization be used for the following purposes only:*  
These records will be used by the NLACRC to evaluate and make decisions regarding eligibility and appropriate services for this individual.

I understand that this authorization is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization. I have a right to receive a copy of this authorization for my records. A copy of this authorization is valid as an original.

Signature of Consumer or Consumer's Legal Representative

Date

Printed Name

Relationship, if signed by someone other than consumer

Please complete and fax entire form to Intake Department (818) 756-6357 or submit electronically to [intake@nlacrc.org](mailto:intake@nlacrc.org)

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## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

The North Los Angeles County Regional Center (NLACRC) is mandated by law to maintain the privacy of your Protected Health Information (PHI). PHI is information that identifies you in any form (electronic, written, oral, etc.) collected, created, maintained, or received by NLACRC relating to your past, present or future physical/ mental health or condition. We are required by law to provide you, a NLACRC consumer, with this "Notice of Privacy Practices" explaining our legal duties and privacy practices concerning your PHI. We are also required to abide by the terms of the current version of this Notice. In this Notice, the terms "NLACRC", "we", "us", and "our" refer to the North Los Angeles County Regional Center.

### **WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN PERMISSION IN THE FOLLOWING SITUATIONS:**

**Treatment:** We may use and disclose your PHI for the provision, coordination and/or management of health care and related services. For example, we may disclose your PHI to case managers, doctors, health care providers, vendors, business associates, caregivers, family and other persons who are involved in taking care of you, both within and outside of NLACRC.

**Health Care Operations:** We may use and disclose your PHI for our Operations. For example, activities involving, but not limited to, case management, quality assessment and improvement, risk mitigation, oversight by state and federal agencies, audit, training, and advocacy.

**Payment:** We may use your PHI to, for example, determine our responsibility to pay for, or to permit us to bill and collect payment for the treatment and health-related services that you receive.

**Appointment Reminders and Notification:** We may contact you about appointments or provide you with information that may be of your interest.

**Public Health Activities:** We may share your PHI for Public Health Activities, for example, when related to prevention of disease, injury or disability; for tracking and monitoring of certain medical products.

**Judicial Proceedings:** We may use or disclose your PHI for Judicial Proceedings, for example, as part of an administrative hearing, in response to an order of a court, or a subpoena.

**Law Enforcement:** We may share your PHI with Law Enforcement Agencies, for example, to respond to a search warrant or to report a crime.

**Research:** We may use or share your PHI for research approved by the NLACRC Institutional Review Board, a committee that is responsible, under law, to protect the safety of the participants and the confidentiality of PHI. Such research may also require your specific authorization.

**Serious Threat to Health or Safety or Disaster Relief:** We may use or share your PHI to prevent serious/ imminent threat to your or another person's health and safety.

**National Security:** We may share PHI with authorized federal officials for intelligence, and other national security activities authorized by Law.

**Coroners, Medical Examiners, Funeral Directors and Organ Donation:** We may share your PHI with these agencies, as applicable by law, to allow these individuals to perform their official duties; for example, to identify a deceased person.

**Correctional Institutions:** If you are under law enforcement custody, we may share your PHI with correctional institutions or law enforcement, as needed, for your health care.

**As Mandated by Law:** We will share your PHI when otherwise required by law.

### **OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written permission. The permission you provide us to use or disclose your PHI may be revoked in writing at any time. If you revoke your permission, this will stop any further use or disclosure of your PHI for the purposes covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Please keep for your records**

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# North Los Angeles County Regional Center

15400 Sherman Way Ste. #170 - Van Nuys, C.A. 91406 - (818) 778-1900  
28470 Avenue Stanford, Ste. #100 - Santa Clarita, C.A. 91355 - (661) 775-8450  
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## NOTICE OF PRIVACY PRACTICES

There are stricter requirements for the use and disclosure of certain types of PHI, for example, records about HIV/AIDS, mental health, drug and alcohol treatment. This type of information can only be released in accordance with those stricter laws.

### YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION INCLUDE:

#### Right to Inspect and Copy your Records

You have the right to request in writing to inspect and copy your PHI in designated record sets. If we deny a request, we will do so in writing giving our reasons and you have the right to have that decision reviewed.

#### Right to Request Amendments to your Records

If you feel that your PHI is incorrect or incomplete, you have the right to ask in writing that we amend it, stating why we should make the correction or addition. If we deny your request, we will do so in writing giving our reasons, and you may file a written statement of disagreement.

#### Right to Request Restrictions

You have the right to request in writing a restriction or limitation of our use or disclosure of your PHI. You may request that your PHI not be shared with others, like a family member or friend. However, by law, we do not have to agree to your request.

#### Right to Request Confidential Communications

You have the right to request in writing that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. When we can reasonably or lawfully agree to your request, we will.

#### Right to an Accounting of Disclosures

You have the right to request in writing an accounting of our disclosures of your PHI for up to 6 years before your request, but not for disclosures made before April 14, 2003. An accounting does not include disclosures to carry out Treatment, Health Care Operations, Payment, General Notification, Law Enforcement, National Security, and to Correctional Institutions as well as otherwise Mandated by Law. Additionally, an accounting does not include disclosures for which NLACRC had a signed authorization, disclosures to you, your care giver, or persons acting on your behalf.

#### Right to a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice upon request at any time by contacting the HIPAA Coordinator at NLACRC

### CHANGES TO THIS NOTICE

We reserve the right to change this Notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised Notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect. A copy of the current Notice will be posted all NLACRC offices in a clear and prominent location. If we change our Notice, you may obtain a copy of the revised Notice by contacting the HIPAA Coordinator at NLACRC.

### QUESTIONS/COMPLAINTS

If you have questions regarding this Notice or our privacy practices, or if you are writing about your PHI, including requests for restrictions on its use or disclosure, or to make a complaint about our privacy practices, please write to the HIPAA Coordinator at NLACRC, 15400 Sherman Way, Suite 170, Van Nuys CA 91406, or call 818-778-1900. If you believe your privacy rights have been violated, you may also notify the Secretary of the Department of Health and Human Services (HHS). You will not be penalized for filing a complaint.

**Please keep for your records**

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# Los Angeles County Department of Mental Health Triage Form

MH 680  
Revised 11/08/09

## CHILD MENTAL HEALTH TRIAGE



Page 1 of 3

### I. Initial Contact Data:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone Contact (Sections I-VI): ☐ Face to Face: ☐  
 Interviewed: ☐ Individual and/or ☐ Other (name and relationship): \_\_\_\_\_  
 Children: Individual resides with ☐ Biological parent(s) ☐ Adoptive Parent ☐ Foster Parent ☐ Other \_\_\_\_\_  
 Household Constellation (adults/children/pets): \_\_\_\_\_  
 Referral Source (list contact info if available): \_\_\_\_\_

### II. Special Service Needs

☐ Non-English Speaking, specify language needs: \_\_\_\_\_  
 Were Interpretive Services provided for this interview? ☐ Yes ☐ No  
☐ Cultural Considerations, specify: \_\_\_\_\_  
☐ Physically challenged (wheelchair, hearing, visual, etc.) specify: \_\_\_\_\_  
☐ Access issues (transportation, hours), specify: \_\_\_\_\_

### III. Reason for Referral/Chief Complaint/Presenting Situation

Why did the person come in today? (In his/her own words)

Describe precipitating event, behaviors, and symptoms.

**Impairments in Life Functioning:** ☐ Individual does not appear to have significant impairments  
 Individual appear to have significant impairment(s) or the probability of deterioration in the following area(s):  
 (check all that apply and give comments below)  
☐ Living Arrangements ☐ Social Support ☐ Financial Status/Money Management  
☐ Daily Living/Vocation/Education ☐ Physical Health ☐ Legal Status  
☐ For those under the age of 21, probability of not progressing developmentally in an appropriate manner

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name: \_\_\_\_\_ IS#: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Provider #: \_\_\_\_\_  
 Los Angeles County – Department of Mental Health

## CHILD MENTAL HEALTH TRIAGE



# CHILD MENTAL HEALTH TRIAGE

The following sections shall only be completed by an AMHD and for Face-to-Face contacts

<b>VII. Mental Status:</b> Check as many boxes as apply.			
Grooming & Hygiene: <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Odorous <input type="checkbox"/> Disheveled Nutrition/Build: <input type="checkbox"/> Normal <input type="checkbox"/> Thin <input type="checkbox"/> Heavy <input type="checkbox"/> Obese <input type="checkbox"/> Pre-Pubertal <input type="checkbox"/> Post-Pubertal Eye Contact: <input type="checkbox"/> Normal for culture <input type="checkbox"/> Little <input type="checkbox"/> Avoids <input type="checkbox"/> Erratic <input type="checkbox"/> Piercing <input type="checkbox"/> None Gross Motor: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired Fine Motor: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired Motor Activity: <input type="checkbox"/> Normal for age <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Fidgety <input type="checkbox"/> Lethargic <input type="checkbox"/> Mannerisms <input type="checkbox"/> Tics Relatedness to Caretaker: <input type="checkbox"/> Not Observed <input type="checkbox"/> Appropriate <input type="checkbox"/> Clinging <input type="checkbox"/> Defiant <input type="checkbox"/> Disobedient <input type="checkbox"/> Bossy Response to Examiner: <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Anxious <input type="checkbox"/> Withdrawn <input type="checkbox"/> Seductive <input type="checkbox"/> Oppositional <input type="checkbox"/> Aggressive <input type="checkbox"/> Crying <input type="checkbox"/> Temper Tantrum Speech/Language: <input type="checkbox"/> Unimpaired <input type="checkbox"/> Spontaneous <input type="checkbox"/> Normal Volume <input type="checkbox"/> Loud Volume <input type="checkbox"/> Soft Volume <input type="checkbox"/> Responds only to ?s <input type="checkbox"/> Mute <input type="checkbox"/> No receptive language <input type="checkbox"/> Hyperverbal <input type="checkbox"/> Articulation Defects <input type="checkbox"/> Slurred <input type="checkbox"/> Pressured <input type="checkbox"/> Echolalia <input type="checkbox"/> Bizarre utterances	Orientation: <input type="checkbox"/> Oriented <input type="checkbox"/> Disoriented to: <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person <input type="checkbox"/> Situation Attention/Concentration: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not determined Distractibility: <input type="checkbox"/> Age Appropriate <input type="checkbox"/> Highly Distractible Memory: <input type="checkbox"/> Unimpaired <input type="checkbox"/> Impaired Mood: <input type="checkbox"/> Euthymic <input type="checkbox"/> Sad <input type="checkbox"/> Tearful <input type="checkbox"/> Irritable <input type="checkbox"/> Fearful <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Silly <input type="checkbox"/> Euphoric Affect: <input type="checkbox"/> Normal <input type="checkbox"/> Labile <input type="checkbox"/> Expansive <input type="checkbox"/> Restricted <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <u>Perceptual Disturbance</u> Hallucinations: <input type="checkbox"/> None Apparent <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <u>Thought Process Disturbances</u> <input type="checkbox"/> None Apparent Associations: <input type="checkbox"/> Unimpaired <input type="checkbox"/> Loose <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Confabulous <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Word Salad	Behavioral Disturbances: <input type="checkbox"/> None Apparent <input type="checkbox"/> Aggressive <input type="checkbox"/> Violent <input type="checkbox"/> Destructive <input type="checkbox"/> Isolative <input type="checkbox"/> Self-Destructive <input type="checkbox"/> Poor-Impulse Control <input type="checkbox"/> Avoidant <input type="checkbox"/> Manipulative <input type="checkbox"/> Intrusive <input type="checkbox"/> Demanding <input type="checkbox"/> Uncooperative <input type="checkbox"/> Passive <input type="checkbox"/> Not Motivated <u>Thought Content Disturbance</u> Content: <input type="checkbox"/> Appropriate <input type="checkbox"/> Fears <input type="checkbox"/> Worries <input type="checkbox"/> Bizarre Ideation <input type="checkbox"/> Excessive Worry Concentration: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired Judgments: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired Delusions: <input type="checkbox"/> None Apparent <input type="checkbox"/> Persecutory <input type="checkbox"/> Paranoid <input type="checkbox"/> Grandiose <input type="checkbox"/> Somatic <input type="checkbox"/> Religious <input type="checkbox"/> Nihilistic <input type="checkbox"/> Being-Controlled Ideations: <input type="checkbox"/> None Apparent <input type="checkbox"/> Apparent Specify Type: Suicidal: <input type="checkbox"/> Denies Ideation <input type="checkbox"/> Threatening <input type="checkbox"/> Plan Homicidal: <input type="checkbox"/> Denies Ideation <input type="checkbox"/> Threatening <input type="checkbox"/> Plan Evasive Other Disturbances: <input type="checkbox"/> Disorganized <input type="checkbox"/> Bizarre <input type="checkbox"/> Ritualistic <input type="checkbox"/> Obsessive/compulsive <input type="checkbox"/> Compulsive <input type="checkbox"/> Silly <input type="checkbox"/> Excessive Crying Process: <input type="checkbox"/> Goal Directed <input type="checkbox"/> Magical Thinking <input type="checkbox"/> Circumstantial <input type="checkbox"/> Loose Associations <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Rumination <input type="checkbox"/> Planning <input type="checkbox"/> Evasive	
Comments:			
<b>VIII. Clinical Summary/Disposition</b>			
<b>Summary/ Clinical Impression:</b>			
<b>Disposition/Recommendations/Plan:</b> Must choose from 1, 2 or 3. For Options 2 and 3, an additional disposition must be marked.			
1. <input type="checkbox"/> Urgent need to be seen for <b>immediate</b> Assessment or 5150; continued with or referred for Assessment on same day as Triage Name of Program/Assessor (if known): _____ Date: _____ Time: _____			
2. <input type="checkbox"/> Individual has significant impairments in life functioning OR significant risk/safety concerns.			
a. <input type="checkbox"/> Triage suggests individual needs to be seen in timely manner to avoid deterioration to an urgent condition; referred to Assessment on same day as Triage Name of Program/Assessor (if known): _____ Date: _____ Time: _____			
b. <input type="checkbox"/> Individual is appropriate to be seen by this Agency			
i. <input type="checkbox"/> Continue with non-urgent/crisis Assessment on same day as Triage Name of Program/Assessor (if known): _____ Date: _____ Time: _____			
ii. <input type="checkbox"/> Appointment made for Assessment Name of Program/Assessor (if known): _____ Date: _____ Time: _____			
c. <input type="checkbox"/> This Agency does not have an appropriate Program available			
i. <input type="checkbox"/> Referred to System Navigator (Name): _____ Telephone Call on date: _____			
ii. <input type="checkbox"/> Referred to (name of Agency/Program): _____ Telephone Call on date: _____ Name of Contact: _____ Appointment Date/Time: _____			
3. <input type="checkbox"/> No significant impairments in life functioning AND no significant risk/safety concerns. Does not appear to meet Medical Necessity criteria.			
a. <input type="checkbox"/> Medi-Cal Beneficiary Notice of Action given on (date): _____ See attached NOA			
b. <input type="checkbox"/> Private Insurance/Indigent individual informed he/she does not meet criteria for services in our program Other referrals/recommendations must be provided (specify referrals given): _____ _____ _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             Signature &amp; Discipline _____           </div> <div style="width: 10%;">             Date _____           </div> <div style="width: 45%;">             Co-Signature &amp; Discipline (if required) _____           </div> <div style="width: 10%;">             Date _____           </div> </div>			
This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.		Name: _____ IS#: _____ Agency: _____ Provider #: _____ Los Angeles County – Department of Mental Health	

## CHILD MENTAL HEALTH TRIAGE



**I. Initial Contact Data:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone Contact (Sections I-VI): ☐ Face to Face: ☐

Interviewed: ☐ Individual and/or ☐ Other (name and relationship): \_\_\_\_\_

Adults: Individual is responsible for ☐ Dependent Child(ren) ☐ Dependent Adult ☐ Self Only

If dependent(s), specify age and any disability: \_\_\_\_\_

Household Constellation (adults/children/pets): \_\_\_\_\_

Referral Source (list contact info if available): \_\_\_\_\_

**II. Special Service Needs**

☐ Non-English Speaking, specify language needs: \_\_\_\_\_

Were Interpretive Services provided for this interview? ☐ Yes ☐ No

☐ Cultural Considerations, specify: \_\_\_\_\_

☐ Physically challenged (wheelchair, hearing, visual, etc.) specify: \_\_\_\_\_

☐ Access issues (transportation, hours), specify: \_\_\_\_\_

**III. Reason for Referral/Chief Complaint/Presenting Situation**

Why did the person come in today? (In his/her own words)

Describe precipitating event, behaviors, and symptoms.

**Impairments in Life Functioning:** ☐ Individual does not appear to have significant impairments

Individual appear to have significant impairment(s) or the probability of deterioration in the following area(s):

(check all that apply and give comments below)

☐ Living Arrangements ☐ Social Support ☐ Financial Status/Money Management

☐ Daily Living/Vocation/Education ☐ Physical Health ☐ Legal Status

☐ For those under the age of 21, probability of not progressing developmentally in an appropriate manner

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Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

**ADULT MENTAL HEALTH TRIAGE**



**IV. Psychiatric History**

How long has this presenting situation been a problem?

☐ See attached IS Screen Print or ☐ See information below for contacts/services not in the IS

Individual reports presenting to any Mental Health agency previously (DMH agency/contract, private, other)?

☐ Yes ☐ No ☐ Unknown If yes, specify

Individual reports being released from a psych hospital, jail/juvenile hall, Mental Health Res facility within the past 7 days?

☐ Yes ☐ No If yes, specify

Current Medications including non-psychiatric (list Names and other pertinent information such as compliance with meds):

If currently on psychiatric medications, how long is the supply good for? \_\_\_\_\_

**V. Current Risk and Safety Concerns**

Current Thoughts of Self-Harm/Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Thoughts of Harming Another Person	<input type="checkbox"/> Yes <input type="checkbox"/> No
Past Thoughts of Self-Harm/Suicide	<input type="checkbox"/> Yes <input type="checkbox"/> No	Past Thoughts of Harming Another Person	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Suicide Attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No	History of Homicide/Manslaughter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probation Involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	History of Injuring Another Person	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current/History of Injuring Animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Issues or IEP in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Trauma Exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Substance Use/Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Job Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	Past Substance Use/Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Victim of Violence/Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Perpetrator of Violence/Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
DCFS Involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify): _____			

**VI Summary/Disposition (only to be completed if above information completed by Non-AMHD or over the telephone)**

Summary/Comments on Disposition:

- ☐ For telephone contacts, Individual referred to PMRT, 911, or other crisis referral
- ☐ Urgent need to be seen for immediate Assessment or 5150; referred for Assessment on same day as Triage  
Name of Program/Assessor (if known): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- ☐ For face-to-face contacts, Individual referred to AMHD for completion of Triage on same day as non-AMHD Triage  
Name of Program/Assessor (if known): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- ☐ Individual referred for Assessment at this Agency  
Name of Program/Assessor (if known): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- ☐ Referred to (name of Agency/Program): \_\_\_\_\_  
Telephone Call on date: \_\_\_\_\_ Name of Contact: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_
- ☐ No significant impairments in life functioning AND no significant risk/safety concerns. Does not appear to meet Medical Necessity criteria.
- a. ☐ Medi-Cal Beneficiary Notice of Action given on (date): \_\_\_\_\_ See attached NOA
- b. ☐ Private Insurance/Indigent Individual informed he/she does not meet criteria for services in our program
- Other referrals/recommendations must be provided (specify referrals given): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signature & Discipline

Date

Co-Signature & Discipline (if required)

Date

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Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

ADULT MENTAL HEALTH TRIAGE



The following sections shall only be completed by an AMHD and for Face-to-Face contacts

<b>VII. Mental Status:</b> Check as many boxes as apply.		
<b>Grooming &amp; Hygiene:</b> <input type="checkbox"/> Average <input type="checkbox"/> Well Groomed <input type="checkbox"/> Dirty <input type="checkbox"/> Odorous <input type="checkbox"/> Disheveled <input type="checkbox"/> Bizarre <b>Eye Contact:</b> <input type="checkbox"/> Normal for culture <input type="checkbox"/> Little <input type="checkbox"/> Avoids <input type="checkbox"/> Erratic <b>Motor Activity:</b> <input type="checkbox"/> Calm <input type="checkbox"/> Restless <input type="checkbox"/> Agitated <input type="checkbox"/> Tremors/Tics <input type="checkbox"/> Posturing <input type="checkbox"/> Rigid <input type="checkbox"/> Retarded <input type="checkbox"/> Akathesis <b>Speech:</b> <input type="checkbox"/> Unimpaired <input type="checkbox"/> Soft <input type="checkbox"/> Slowed <input type="checkbox"/> Mute <input type="checkbox"/> Pressured <input type="checkbox"/> Loud <input type="checkbox"/> Excessive <input type="checkbox"/> Slurred <input type="checkbox"/> Incoherent <input type="checkbox"/> Poverty of Content <b>Interactional Style:</b> <input type="checkbox"/> Culturally Congruent <input type="checkbox"/> Guarded/Suspicious <input type="checkbox"/> Aggressive <input type="checkbox"/> Uncooperative <input type="checkbox"/> Demanding <input type="checkbox"/> Belligerent <b>Orientation:</b> <input type="checkbox"/> Oriented <input type="checkbox"/> Disoriented to: <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person <input type="checkbox"/> Situation <b>Intellectual Functioning:</b> <input type="checkbox"/> Unimpaired <input type="checkbox"/> Impaired	<b>Memory:</b> <input type="checkbox"/> Unimpaired <input type="checkbox"/> Impaired <b>Mood:</b> <input type="checkbox"/> Euthymic <input type="checkbox"/> Dysphoric <input type="checkbox"/> Tearful <input type="checkbox"/> Irritable <input type="checkbox"/> Lack of Pleasure <input type="checkbox"/> Hopeless/Worthless <input type="checkbox"/> Anxious <input type="checkbox"/> Known Stressor <input type="checkbox"/> Unknown Stressors <b>Affect:</b> <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Expansive <input type="checkbox"/> Constricted <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Sad <input type="checkbox"/> Worried <u>Perceptual Disturbance</u> <input type="checkbox"/> None Apparent <b>Hallucinations:</b> <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Tactile <input type="checkbox"/> Auditory <input type="checkbox"/> Command <input type="checkbox"/> Persecutory <input type="checkbox"/> Other <b>Self-Perceptions:</b> <input type="checkbox"/> Depersonalizations <input type="checkbox"/> Ideas of Reference <u>Thought Process Disturbances</u> <input type="checkbox"/> None Apparent <b>Associations:</b> <input type="checkbox"/> Unimpaired <input type="checkbox"/> Loose <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Confabulous <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Word Salad	<u>Thought Content Disturbance</u> <b>Concentration:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <b>Judgments:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <b>Insight:</b> <input type="checkbox"/> Adequate <input type="checkbox"/> Impaired <b>Delusions:</b> <input type="checkbox"/> None Apparent <input type="checkbox"/> Persecutory <input type="checkbox"/> Paranoid <input type="checkbox"/> Grandiose <input type="checkbox"/> Somatic <input type="checkbox"/> Religious <input type="checkbox"/> Nihilistic <input type="checkbox"/> Being-Controlled <b>Ideations:</b> <input type="checkbox"/> None Apparent <input type="checkbox"/> Apparent Specify Type: _____ <b>Suicidal:</b> <input type="checkbox"/> Denies Ideation <input type="checkbox"/> Threatening <input type="checkbox"/> Plan <b>Homicidal:</b> <input type="checkbox"/> Denies Ideation <input type="checkbox"/> Threatening <input type="checkbox"/> Plan <b>Other:</b> <input type="checkbox"/> Disorganized <input type="checkbox"/> Bizarre <input type="checkbox"/> Ritualistic <input type="checkbox"/> Obsessive/compulsive <b>Comments on Mental Status:</b>

**VIII. Clinical Summary/Disposition**

**Summary/ Clinical Impression:**

**Disposition/Recommendations/Plan:**

Must choose from 1, 2 or 3. For Options 2 and 3, an additional disposition must be marked.

1. ☐ Urgent need to be seen for immediate Assessment or 5150; continued with or referred for Assessment on same day as Triage  
 Name of Program/Assessor (if known): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
2. ☐ Individual has significant impairments in life functioning OR significant risk/safety concerns.
  - a. ☐ Triage suggests individual needs to be seen in timely manner to avoid deterioration to an urgent condition; referred to Assessment on same day as Triage  
 Name of Program/Assessor (if known): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - b. ☐ Individual is appropriate to be seen by this Agency
    - i. ☐ Continue with non-urgent/crisis Assessment on same day as Triage  
 Name of Program/Assessor (if known): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
    - ii. ☐ Appointment made for Assessment  
 Name of Program/Assessor (if known): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - c. ☐ This Agency does not have an appropriate Program available
    - i. ☐ Referred to System Navigator (Name): \_\_\_\_\_ Telephone Call on date: \_\_\_\_\_
    - ii. ☐ Referred to (name of Agency/Program): \_\_\_\_\_  
 Telephone Call on date: \_\_\_\_\_ Name of Contact: \_\_\_\_\_  
 Appointment Date/Time: \_\_\_\_\_
3. ☐ No significant impairments in life functioning AND no significant risk/safety concerns. Does not appear to meet Medical Necessity criteria.
  - a. ☐ Medi-Cal Beneficiary Notice of Action given on (date): \_\_\_\_\_ See attached NOA
  - b. ☐ Private Insurance/Indigent individual informed he/she does not meet criteria for services in our program
 Other referrals/recommendations must be provided (specify referrals given):  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature & Discipline

Date

Co-Signature & Discipline (if required)

Date

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

IS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health

ADULT MENTAL HEALTH TRIAGE



## **Vendor Contact Request Form**



***Thank you for using The Los Angeles Mental Health and Developmental Disabilities Education (LA MHaDDE) Program Resource Directory. This directory is an ongoing project of the LA MHaDDE Program. If you or your agency would like to be included as a future resource directory contact, please complete the form below.***

***\*\*Please note: Completing this form does not guarantee a listing in the LA MHaDDE Program Resource Directory. It is upon the discretion of Westside Regional Center, our partnering agencies, and the LA MHaDDE Task Force in reviewing and selecting the most appropriate resources for our community members. Thank you.***

## **Vendor Contact Request Form**

**Vendor:**

**Main Agency Contact, Title:**

**Type of Agency/Service:**

**Address Line 1:**

**Address Line 2:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:**

**Fax Number:**

**Email Address:**

**Web Site Address:**

**Description of Services:**

**Type(s) of Payment/Insurance Accepted:**

**Demographic of Population Served (age, region, etc.):**

**Additional Information or Comments:**

**For questions or to submit completed form, please contact:**

**Aga Spatzier, MPH**

*Wellness Coordinator*

Westside Regional Center

(310) 258-4254

(310) 338-9744 (fax)

Email: [agas@westsiderc.org](mailto:agas@westsiderc.org)



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